Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                      | Fax                                                                           |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                                                                                                                                              | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                                              |                                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                                                                                            | r Care (Agency Supported); Out-Of-Home: Emergency Foster Car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e; Non-Treatment: Fan                                                      | nily Support Worker;                                                          |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
| Arnett Nickolaus, Theresa | SOZO Family Services                                                                                                                                                                                                                                   | 616 13th St Suite 110 Aurora NB 68818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)631-7267                                                              | (402)694-4199                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        | raluations; Adult Non-Residential Services Intervention/Education;<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Services Outpatient -                                                         |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                       | теления и политический политиче |                                                                            |                                                                               |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Outpatient: Intensive Outpatient Therapy-Mental                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpa<br>Health; Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | atient Therapy - Eating                                                    | Disorder; Intensive                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                               |
| Arroyo-Herrera, Adriana   | Arroyo-Stoltenberg Counseling                                                                                                                                                                                                                          | 706 W Koenig St Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)370-3678                                                              |                                                                               |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual vices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Repatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | l; Adult Non-Residentia<br>vices Intervention/Educ                         | I Services Intensive cation; Juvenile Non-                                    |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
| Babutzke, Jamie           | South Central Behavioral Services                                                                                                                                                                                                                      | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)463-5684                                                              | (402)463-5686                                                                 |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education,<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | l; Adult Non-Residentia<br>rvices Substance Abus<br>Non-Residential Servic | I Services Outpatient -<br>e Evaluations; Juvenile<br>ces Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                               |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | itient Therapy including<br>ent: Co-Occurring                              | Family Sessions-                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
| Baker, Melissa            | South Central Behavioral Services                                                                                                                                                                                                                      | 616 W 5th St Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)463-5684                                                              |                                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        | raluations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                               |
| Mental Health Services:   | 1                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |
|                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                               |

| Name                                                                                                                                                     | Agency                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 | Address                                                                                                                                                                                                 | Phone                                                                 | Fax                                                |
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| Other Services:                                                                                                                                          | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Becher, Deborah                                                                                                                                          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                              | 4432 Sunrise P                                                                                                                  | lace Columbus NB 68601                                                                                                                                                                                  | (402)564-9994                                                         | (402)562-6458                                      |
| Substance Abuse Services:                                                                                                                                | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpatie                                                                                                                                                                                            | ps; Adult Non-Res                                                                                                               | idential Services Outpatient - Family; Adult Non-R                                                                                                                                                      |                                                                       |                                                    |
| Mental Health Services:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Juvenile Services:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Other Services:                                                                                                                                          | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Betka, Cindy                                                                                                                                             | FGH Inc                                                                                                                                                                                                                                                                                                                                       | 942 N 13th St.                                                                                                                  | Geneva NB 68361                                                                                                                                                                                         | (402)879-5959                                                         | (402)759-3803                                      |
| Substance Abuse Services:                                                                                                                                | Adult Assessment Services Substance Abuse Eva<br>Groups; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                             |                                                                                                                                 |                                                                                                                                                                                                         | ult Non-Residential                                                   | Services Outpatient                                |
| Mental Health Services:                                                                                                                                  | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                | • •                                                                                                                             | ion-Residential Services Outpatient - Individual                                                                                                                                                        |                                                                       |                                                    |
|                                                                                                                                                          | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                   | Treatment: Genera<br>ent Therapy includ                                                                                         | ing Family Sessions-Mental Health; Outpatient Th                                                                                                                                                        |                                                                       |                                                    |
| Other Services:                                                                                                                                          | Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale;                                                                                                                                                                                                                                                                             | ent Assessment (N                                                                                                               | Medicaid); Assessment: Co-Occurring                                                                                                                                                                     |                                                                       |                                                    |
| Bittner, Nichole                                                                                                                                         | Hastings Regional Center                                                                                                                                                                                                                                                                                                                      | P.O. Box 579                                                                                                                    | Hastings NB 68902                                                                                                                                                                                       | (402)460-3161                                                         | (402)460-3144                                      |
| Substance Abuse Services:                                                                                                                                | Juvenile Assessment Services Substance Abuse                                                                                                                                                                                                                                                                                                  | Evaluations; Juver                                                                                                              | nile Residential Services Extended Residential or                                                                                                                                                       | SA Residential Treat                                                  | ment Center                                        |
| Mental Health Services:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Juvenile Services:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Other Services:                                                                                                                                          | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                                                                                                         |                                                                       |                                                    |
| Chavez, Sara                                                                                                                                             | South Central Behavioral Services                                                                                                                                                                                                                                                                                                             | 616 W 5th St H                                                                                                                  | lastings NB 68901                                                                                                                                                                                       | (402)463-5684                                                         | (402)463-5686                                      |
|                                                                                                                                                          | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile                                                                                                                                                                                        | aluations; Adult No<br>t - Individual; Adul                                                                                     | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occuri                                                                                                      | ult Non-Residential sing Treatment; Adult                             | Services Outpatient Non-Residential                |
| Substance Abuse Services:                                                                                                                                | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien                                                                                                                                                                                                                                             | aluations; Adult No<br>it - Individual; Adul<br>e Non-Residential S                                                             | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurs Services Outpatient - Individual; Juvenile Non-Res                                                   | ult Non-Residential sing Treatment; Adult                             | Services Outpatient Non-Residential                |
| Substance Abuse Services:  Mental Health Services:                                                                                                       | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Occurring Treatment                                                                                                                                                                 | aluations; Adult No<br>it - Individual; Adul<br>e Non-Residential s<br>ment Assessment                                          | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurr Services Outpatient - Individual; Juvenile Non-Residentes (bio-psychosocial)                         | ult Non-Residential sing Treatment; Adult                             | Services Outpatient Non-Residential                |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                   | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treatment                                                                                                                      | aluations; Adult No<br>it - Individual; Adul<br>e Non-Residential s<br>ment Assessment                                          | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurr Services Outpatient - Individual; Juvenile Non-Residentes (bio-psychosocial)                         | ult Non-Residential sing Treatment; Adult                             | Services Outpatient Non-Residential                |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                   | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Occurring Treatment<br>Crisis Phone Line; Outpatient Therapy; Pre-Treatment<br>Outpatient Therapy - Individual-Mental Health; Outpatient Therapy                                    | aluations; Adult No<br>it - Individual; Adul<br>e Non-Residential s<br>ment Assessment<br>utpatient Therapy -                   | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurr Services Outpatient - Individual; Juvenile Non-Residentes (bio-psychosocial)                         | ult Non-Residential sing Treatment; Adult                             | Services Outpatient Non-Residential                |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                                                                  | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Occurring Treatment<br>Crisis Phone Line; Outpatient Therapy; Pre-Treati<br>Outpatient Therapy - Individual-Mental Health; Outsiding Fee Scale;<br>Mid-Plains Center for Behavioral | aluations; Adult No<br>it - Individual; Adul<br>e Non-Residential s<br>ment Assessment<br>utpatient Therapy -                   | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurr Services Outpatient - Individual; Juvenile Non-Res (bio-psychosocial)  Co-occurring                  | ult Non-Residential S<br>ing Treatment; Adult<br>idential Services Ou | Services Outpatient Non-Residential tpatient - Co- |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Couillard, Mary                                                    | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Occurring Treatment<br>Crisis Phone Line; Outpatient Therapy; Pre-Treati<br>Outpatient Therapy - Individual-Mental Health; Outsiding Fee Scale;<br>Mid-Plains Center for Behavioral | aluations; Adult No<br>it - Individual; Adul<br>e Non-Residential s<br>ment Assessment<br>utpatient Therapy -                   | n-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurr Services Outpatient - Individual; Juvenile Non-Res (bio-psychosocial)  Co-occurring                  | ult Non-Residential S<br>ing Treatment; Adult<br>idential Services Ou | Services Outpatient Non-Residential tpatient - Co- |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Couillard, Mary  Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Eva<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Occurring Treatment<br>Crisis Phone Line; Outpatient Therapy; Pre-Treati<br>Outpatient Therapy - Individual-Mental Health; Outsiding Fee Scale;<br>Mid-Plains Center for Behavioral | aluations; Adult No<br>it - Individual; Adult<br>e Non-Residential s<br>ment Assessment<br>utpatient Therapy -<br>914 Baumann I | on-Residential Services Intervention/Education; Act Non-Residential Services Outpatient - Co-Occurr Services Outpatient - Individual; Juvenile Non-Residential)  Co-occurring  Or Grand Island NB 68803 | ult Non-Residential Sing Treatment; Adult idential Services Ou        | Services Outpatien Non-Residential tpatient - Co-  |

| Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Farmily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Interso Outpatient - Individual; Adult Non-Residential Services Interso Outpatient - Individual; Adult Non-Residential Services Intersor Non-Residential Services Intersor Outpatient - Farmily; Adult Non-Residential Services Outpatient - Farmily; Adult Non-Residential Services Outpatient - Farmily; Juvenile Non-Residential Services Outpatient - Farmily; Adult Non-Residential Services Outpatient - Farmily; Adult Non-Residential Services Outpatient - Farmily; Adult Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Intersor Outpatient - Farmily; Adult Non-Residential Services Intersor Outpatient - Individual Juvenile Non-Residential Services Intersor Outpatient - Individual Services Outpatient - Farmily; Adult Non-Residential Services Outpatient - Outpatient Outpatient Outpatient - Outpatient Outpatien | Name                      | Agency                                                                                                                                                                                                                                                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                               | Fax                                                                                       |
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| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Dutpatient - International, Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Internation-Education; Juvenile Non-Residential Services Internation-Education; Juvenile Non-Residential Services Internation-Education; Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Internation-Education; Juvenile Non-Residential Services Internation-Residential Services Outpatient - Individual Juvenile Non-Residential Services Outpatient Treatment  Mental Health Services:  Juvenile Services:  Juvenile Services:  Stiding Fee Scale;  Crouse, Brian  Catalyst2  31665 Spring Valley Rd Hyannis NB 69350  (402)310-5607  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - | Cox, Sally Marie          | South Central Behavioral Services                                                                                                                                                                                                                                                                                               | 724 S Burlington Ave Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)463-7435                                                                                                       | (402)463-5686                                                                             |
| Mental Health Services:     Juvenile Services:     Juvenile Services:     Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)  Other Services:     Sliding Fee Scale;  Crouse, Brian     Catalyst2     31665 Spring Valley Rd Hyannis NB 69350     (402)310-5607  Substance Abuse Services:     Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient: Family; Adult Non-Residential Services Outpatient: Individual; Adult Non-Residential Services Outpatient: Co-Occurring Treatment; Adult Non-Residential Services Outpatient: Pamily; Adult Non-Residential Services Outpatient: Pamily; Adult Non-Residential Services Outpatient: Oc-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient: Pamily; Adult Non-Residential Services Outpatient: Pamily; Adult Non-Residential Services Outpatient: Oc-Occurring Treatment; Juvenile Non-Residential Services Outpatient: Pamily; Adult Non-Residential Services Outpatient: Development of Services: Outpatient: Pamily; Adult Non-Residential Services Outpatient: Pamily; Adult Non-Residential Services: Outpatient: Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient: Pamily; Adult Non-Residential Services Outpatient: Pre-Treatment Assessment: Pamily; Adult Non-Residential Services Outpatient: Pamily; Adult Non-Resid | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                                          | nt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | dult Non-Residential<br>s Intervention/Educ                                                                         | Services Intensive ation; Juvenile Non-                                                   |
| Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)  Other Services: Sliding Fee Scale;  Crouse, Brian Catalyst2 31665 Spring Valley Rd Hyannis NB 69350 (402)310-5607  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Inamily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Treatment - Individual; Adult Non-Residential Service | Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Crouse, Brian Catalyst2 31665 Spring Valley Rd Hyannis NB 69350 (402)310-5607  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 - Pamily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Pamily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Pamily Non-Residential Services Outpatient - Pamily Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient Treatment Outpatient Therapy including Family Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy-Individual-Mental Health; Outpatient Therapy Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy-Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Individual-Mental Health; Outpatient Therapy Individual-Mental Health; Outpatient Therapy Individual-Mental  | Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Groups; Adult Non-Residential Services Outpatient Substance Abuse Evaluations; Jan. Adult Non-Residential Services Outpatient Freatment; Jutvenile Assessment Services Substance Abuse Evaluations; Jan. Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Freatment; Juvenile Non-Residential Services Outpatient - Outpatient Non-Residential Services Outpatient Non-Residential Services Outpatient Non-Residential Services Intensive Outpatient Treatment Outpatient Non-Residential Services Intensive Outpatient Treatment Non-Residential Services Intensive Outpatient Treatment Non-Residential Services Intensive Outpatient Treatment Non-Residential Services Intensive Outpatient Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation; Assessment: Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Co-Occurring Evaluation (PTA); Juvenile Co-Occurring Evaluation; Adult Non-Residential Services Outpatient Therapy including Evaluation; Adult Non-Residential Services Outpatient Treatment Mental Health; Outpatient Treatment Adult Non-Residential Services Outpatient Evaluation; Adult Non-Resident | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services 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 - Family; Adult Non-Residential Services Outpatient - Intensive Outpatient - Family; Adult Non-Residential Services Outpatient - Intensive Outpatient - Family; Adult Non-Residential Services Outpatient - Intensive Outpatient - Intensive Outpatient - Family; Adult Non-Residential Services Outpatient - Intensive Outpatient - Intensive 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 - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential S | Crouse, Brian             | Catalyst2                                                                                                                                                                                                                                                                                                                       | 31665 Spring Valley Rd Hyannis NB 69350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)310-5607                                                                                                       |                                                                                           |
| Davis, Jennifer  Jenna Davis Counseling  609 W 10 Rd Aurora NB 68818  (308)380-7700 (308)382-058  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Themedical Services:  Sliding Fee Scale;  EagleFeather Moreno,  South Central Behavioral Services  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Treatment  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Juvenile Services:        | Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - C<br>Crisis Phone Line; Outpatient Therapy; Juvenile R<br>psychosocial); Co-Occurring<br>Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Pre-Treatment | Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Occurring Treatment; Juvenile Non-Residential Services Intensive (Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation at patient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Mental He | n-Residential Servic<br>Outpatient Treatmer<br>(C/O); Pre-Treatment<br>t Therapy including<br>Intensive Outpatient: | es Outpatient - Family<br>nt Assessment (bio-<br>Family Sessions-<br>Intensive Outpatient |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient The Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)  Other Services:  Sliding Fee Scale;  EagleFeather Moreno,  South Central Behavioral 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 Intensive Outpatient Treatment  Mental Health Services:  Juvenile Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Outpatient Therapy Outpatient Therapy Intensive Outpatient Therapy Outpatient Therapy Intensive Outpatient Treatment Outpatient Therapy Intensive Outpatient Therapy Outpatient The | Davis, Jennifer           | Jenna Davis Counseling                                                                                                                                                                                                                                                                                                          | 609 W 10 Rd Aurora NB 68818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)380-7700                                                                                                       | (308)382-0559                                                                             |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Intensive Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient  | Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Other Services: Sliding Fee Scale;  EagleFeather Moreno, South Central Behavioral Services 616 W 5th St Hastings NB 68901 (402)463-5684  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 Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Other Services: Sliding Fee Scale;  EagleFeather Moreno, South Central Behavioral Services 616 W 5th St Hastings NB 68901 (402)463-5684  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 Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outpatient: Intensiv                                                                                                | e Outpatient Therapy                                                                      |
| 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 Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other Services:           |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EagleFeather Moreno,      | South Central Behavioral Services                                                                                                                                                                                                                                                                                               | 616 W 5th St Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)463-5684                                                                                                       |                                                                                           |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | vices Outpatient -                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
| Other Services: Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                           |

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                            | Phone                                       | Fax                                |
|---------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|
| Frances, Sonya            | Compassionate Healing Counseling<br>Services Inc                                                     | 1811 W 2nd St Suite 420 Grand Island NB 68803                                                                                                                                                                                                                                                                                      | (308)384-4617                               | (844)270-3023                      |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                 |                                             |                                    |
|                           | (Medicaid)                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Assessn                                                                                                                                                                                                                                                                 | nent: Pre-Treatment                         | Assessment                         |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Franssen, Tracee          | Friendship House Inc                                                                                 | 707 W 1st St Grand Island NB 68801                                                                                                                                                                                                                                                                                                 | (308)675-3345                               | (308)675-3342                      |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier                                                     | raluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuri<br>esidential Services Outpatient - Family; Juvenile Non-Residential Ser<br>Freatment                                                                                              | ring Treatment; Juve                        | nile Non-Residential               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                   |                                             |                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid); Assessm    | utpatient Therapy including Family Sessions-Mental Health; Outpatienent: Co-Occurring                                                                                                                                                                                                                                              | nt Therapy - Co-occ                         | urring; Assessment:                |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                               | (402)564-9994                               | (402)562-6458                      |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occuricesidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenilal Services Intensive Outpatient Treatment | ring Treatment; Adult<br>Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid)             | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                | nt Therapy - Co-occ                         | urring; Assessment:                |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Hansen, Wendy             | Friendship House Inc                                                                                 | 218 S. Rhode Island Ave. Hastings NB 68901                                                                                                                                                                                                                                                                                         | (308)675-3345                               | (308)675-3342                      |
| Substance Abuse Services: |                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                       |                                             |                                    |
| Mental Health Services:   | <sub>1</sub>                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                             |                                    |

| Name                      | Agency                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                            | Phone                                       | Fax                                         |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| Hargis, Kirsten           | Pathfinder Support Services                                                                                                                                                               | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                                                                                                                               | (402)460-9851                               |                                             |
| Substance Abuse Services: |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                             | atment: Day Reporting; Non-Treatment: Evening Reporting; Non-Trea                                                                                                                                                                                                                                                                  | tment: Family Partr                         | ner                                         |
| Other Services:           | Bilingual Services;                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
| Hock, Sarah               | South Central Behavioral Services                                                                                                                                                         | PO Box 1716 Kearney NB 68848                                                                                                                                                                                                                                                                                                       | (308)237-5951                               | (308)237-5953                               |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile                                                                                        | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Assessment Services Substance Abuse Evaluations; Juvenile Non-Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenilal Services Intensive Outpatient Treatment | ng Treatment; Adult<br>Residential Services | Non-Residential<br>Outpatient - Groups;     |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                           | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Od                                                                                                                                                                                                                                                                  | curring                                     |                                             |
| Juvenile Services:        |                                                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As                                                                                                                                                                                          |                                             |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
| Hruby, Kristine           |                                                                                                                                                                                           | 1811 West 2nd St. suite 450 Grand Island NB 68801                                                                                                                                                                                                                                                                                  | (308)390-5508                               | (308)339-0962                               |
|                           | Family; Adult Non-Residential Services Outpatien<br>Services Substance Abuse Evaluations; Juvenile<br>Non-Residential Services Outpatient - Individual;<br>Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residen<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme                                     | ng Treatment; Juve<br>tial Services Outpa   | nile Assessment<br>tient - Family; Juvenile |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                               | t Therapy - Co-occi                         | urring; Assessment:                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
| Hruska, Michael           |                                                                                                                                                                                           | 223 E. 14th Street, Suite 220 Hastings NB 68901                                                                                                                                                                                                                                                                                    | (402)303-0430                               | (402)463-9169                               |
|                           | Individual; Adult Non-Residential Services Outpat                                                                                                                                         | •                                                                                                                                                                                                                                                                                                                                  | on-Residential Ser                          | vices Outpatient -                          |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring                                                                                                                                                                                                                                             | τ i nerapy - Co-occi                        | ırrıng; Assessment:                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                    |                                             |                                             |

|                           |                                                                                                                                                                                                                                                | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                     |
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| Name                      | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                               | Fax                                                                                                                 |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                       |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Kelly, Mike               | South Central Behavioral Services                                                                                                                                                                                                              | 616 W 5th St Hastings, NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)326-7329                                                                                                       |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     | vices Outpatient -                                                                                                  |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ŭ                                                                                                                   |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Lange, Robyn              | Two Bridges Counseling                                                                                                                                                                                                                         | 513 N Grant St Ste 3A Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)324-0222                                                                                                       | (308)324-0225                                                                                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ar<br>rices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                                                                                                                                                                              | dult Non-Residential<br>es Intervention/Educa                                                                       | Services Intensive ation; Juvenile Non-                                                                             |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| McMaster, Brianna         | South Central Behavioral Services                                                                                                                                                                                                              | 616 W 5th St Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)463-5684                                                                                                       |                                                                                                                     |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile                                                                                                                                             | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>e Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                | ing Treatment; Adult<br>Residential Services                                                                        | Non-Residential                                                                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                     |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                     |

| Name                                  | Agency                                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                         | Phone                                                                               | Fax                                                               |
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| McMinn-Rogers, Kimberly               | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                   | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                                                                                                            | (316)651-6080                                                                       | (308)385-1105                                                     |
| Substance Abuse Services:             |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                   |
| Mental Health Services:               |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                   |
|                                       | (MSE)                                                                                                                                                                                                                                | erapy-Mental Health; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                                                                                   | dicaid); Assessment: Men                                                            | tal Status Exam                                                   |
| Other Services:                       | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                   |
| McNichols, Stephanie                  |                                                                                                                                                                                                                                      | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                          | (402)440-6496                                                                       |                                                                   |
|                                       | Groups; Adult Non-Residential Services Outp<br>Co-Occurring Treatment; Adult Non-Resident<br>Non-Residential Services Intervention/Educat<br>Juvenile Non-Residential Services Outpatient<br>Services Intensive Outpatient Treatment | e Evaluations; Adult Non-Residential Services Intervention/Educationatient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment tion; Juvenile Non-Residential Services Outpatient - Groups; Juvent - Individual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential<br>Services Substance Abus<br>ile Non-Residential Servic | Services Outpatient<br>Evaluations; Juven<br>es Outpatient - Fami |
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                                                           | ent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                   |
|                                       | Mental Health; Outpatient Therapy - Co-occu                                                                                                                                                                                          | n; Outpatient Therapy including Group Sessions-Mental Health; Out<br>rring                                                                                                                                                                                                                                                                      | tpatient Therapy including                                                          | Family Sessions-                                                  |
| Other Services:                       | Sliding Fee Scale;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                   |
| Miller, Martin K                      |                                                                                                                                                                                                                                      | 225 N. St. Joseph Ave. Hastings NB 68901                                                                                                                                                                                                                                                                                                        | (402)463-5075                                                                       | (402)463-5073                                                     |
|                                       | Groups; Adult Non-Residential Services Outp<br>Outpatient Treatment                                                                                                                                                                  | e Evaluations; Adult Non-Residential Services Intervention/Education attent - Family; Adult Non-Residential Services Outpatient - Individual Evaluation                                                                                                                                                                                         |                                                                                     |                                                                   |
|                                       | Crisis Stabilization; Outpatient Therapy; Pre-                                                                                                                                                                                       | Treatment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                   |
| Juvenile Services:<br>Other Services: | Sliding Fee Scale:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                   |
|                                       | ,                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                 | ()                                                                                  | ()                                                                |
| Partin, Christopher                   | Hastings Regional Center                                                                                                                                                                                                             | P.O. Box 579 Hastings NB 68902                                                                                                                                                                                                                                                                                                                  | (402)460-3124                                                                       | (402)460-3144                                                     |
| Mental Health Services:               | Juvenile Assessment Services Substance Ab                                                                                                                                                                                            | use Evaluations; Juvenile Residential Services Extended Residenti                                                                                                                                                                                                                                                                               | ial or SA Residential Treat                                                         | ment Center                                                       |
| Juvenile Services:<br>Other Services: | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                   |
| Patitz, Beverly                       | New Dimensions Counseling                                                                                                                                                                                                            | 223 East 14th, Suite 220 Hastings NB 68901                                                                                                                                                                                                                                                                                                      | (402)519-0159                                                                       | (402)463-9169                                                     |
| Substance Abuse Services:             | Adult Assessment Services Substance Abuse                                                                                                                                                                                            | e Evaluations; Juvenile Assessment Services Substance Abuse Eva                                                                                                                                                                                                                                                                                 | aluations                                                                           |                                                                   |
| Mental Health Services:               | Outpatient Therapy; Juvenile Pre-Treatment A                                                                                                                                                                                         | Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr                                                                                                                                                                                                                                                                                | reatment Assessment (bio                                                            | -psychosocial); Co-                                               |
| Juvenile Services:                    | Non-Treatment: Intensive Family Preservation                                                                                                                                                                                         | n; Non-Treatment: Supervised Visitation; Outpatient Therapy - Indiv<br>tpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurri<br>n (MSE); Assessment: Co-Occurring                                                                                                                                                                 |                                                                                     |                                                                   |
| Other Services:                       | Sliding Fee Scale;                                                                                                                                                                                                                   | •                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                   |

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                               | Fax                                                                        |
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| Riley, Suzanne            | Suzanne Riley Counseling LLC                                                                                                                           | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)398-0350                                                       | (308)398-0351                                                              |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential<br>ces Substance Abuse<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                            |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Intensive Outpatient:                                               | Intensive Outpatient                                                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                            |
| Rivera, Elia              |                                                                                                                                                        | 312 North Elm Street Suite 105 Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)383-2208                                                       |                                                                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                       | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A tervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fam | dult Non-Residential vices Intervention/Ec                          | Services Outpatient -<br>lucation; Juvenile                                |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                         | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                            |
| Juvenile Services:        |                                                                                                                                                        | atient Therapy - Individual-Mental Health; Outpatient Therapy includi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ng Group Sessions-M                                                 | Mental Health;                                                             |
| Other Services:           | Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                            |
| Sawyer, Debby             | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                     | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)379-8615                                                       | (308)385-1105                                                              |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                            |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                            |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                                                                                | by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d); Assessment: Men                                                 | tal Status Exam                                                            |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                      | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                            |
| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Individual In | dult Non-Residential<br>ces Substance Abuse<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                            |
| Juvenile Services:        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                            |
| Other Services            | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                      | arvices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                            |

| 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                                                                                                                                                                                                            | raluations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occuse Assessment Services Substance Abuse Evaluations; Juvenile Notamily; Juvenile Non-Residential Services Outpatient - Individual; Jual Services Intensive Outpatient Treatment                                                                                                                                           | rring Treatment; Adul<br>n-Residential Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t Non-Residential<br>s Outpatient - Groups;                                     |
| Mental Health Services:                                                                    | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Juvenile Services:                                                                         |                                                                                                                                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Family Sessions-                                                                |
| Other Services:                                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , and the second |                                                                                 |
| Schroeder, Ryleigh                                                                         | Horizon Recovery & Counseling Center                                                                                                                                                                                                                                                                          | 835 South Burlington Suite 115 Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                | (402)462-2066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |
| Substance Abuse Services:                                                                  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Mental Health Services:                                                                    | Outpatient Therapy                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Juvenile Services:                                                                         |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Other Services:                                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Spencer, Elizabeth                                                                         | Lighthouse Counseling Center                                                                                                                                                                                                                                                                                  | 432 N Minnesota Ave Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)463-1400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)463-1442                                                                   |
| Substance Abuse Services:                                                                  | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                               | raluations; Adult Non-Residential Services Intervention/Education; Aunt - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                              | Juvenile Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Services Substance                                                              |
| Mental Health Services:                                                                    | ·                                                                                                                                                                                                                                                                                                             | ioniai Gorvious Galpationi marviadai                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Juvenile Services:                                                                         |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
|                                                                                            | No March on Assessment                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Other Services:                                                                            | No voucner Acceptance;                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| Other Services:<br>Stermensky, Dr. Gage                                                    | No voucner Acceptance;                                                                                                                                                                                                                                                                                        | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                              | (417)413-0085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)832-4844                                                                   |
| Stermensky, Dr. Gage                                                                       | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intensi                                                                                                                                                                                                            | raluations; Adult Non-Residential Services Outpatient - Groups; Aduive Outpatient Treatment; Juvenile Assessment Services Substance                                                                                                                                                                                                                                                                                                                             | ılt Non-Residential Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rvices Outpatient -                                                             |
| Stermensky, Dr. Gage Substance Abuse Services:                                             | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                       | raluations; Adult Non-Residential Services Outpatient - Groups; Adu                                                                                                                                                                                                                                                                                                                                                                                             | ult Non-Residential Se<br>e Abuse Evaluations;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rvices Outpatient -<br>Juvenile Non-                                            |
| Stermensky, Dr. Gage Substance Abuse Services:  Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenii<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | raluations; Adult Non-Residential Services Outpatient - Groups; Adultive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluutpatient Therapy including Group Sessions-Mental Health; Outpations Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatet Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Ilt Non-Residential Se<br>e Abuse Evaluations;<br>ation; Psychological E<br>ent Therapy including<br>tient: Intensive Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rvices Outpatient - Juvenile Non- valuation Family Sessions- ient Therapy-Youth |

| Name                      | Agency                                                                                            | Address                                                                                                                 | Phone                           | Fax             |
|---------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|
| Switzer, Anteshia         | South Central Behavioral Services                                                                 | 616 W 5th St Hastings NB 68901                                                                                          | (402)463-5684                   | (402)463-5686   |
| Substance Abuse Services: |                                                                                                   | valuations; Adult Non-Residential Services Outpatient - Grant - Individual; Adult Non-Residential Services Outpatient - |                                 |                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial)                                                                                                      |                                 |                 |
| Juvenile Services:        |                                                                                                   |                                                                                                                         |                                 |                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                            |                                                                                                                         |                                 |                 |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                    | 4545 S 86th St Lincoln NB 68520                                                                                         | (402)759-3802                   | (402)759-3803   |
| Substance Abuse Services: |                                                                                                   |                                                                                                                         |                                 |                 |
| Mental Health Services:   |                                                                                                   |                                                                                                                         |                                 |                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; As<br>Assessment: Mental Status Exam (MSE); Assess | ssessment: Pre-Treatment Assessment (Medicaid); Asses<br>sment: Medication Management                                   | sment: Outpatient Psychiatric E | valuation;      |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                         |                                 |                 |
| Weber, Kristi             | Weber Behavioral Health                                                                           | 942 N 13th Geneva NB 68361                                                                                              | (402)759-3802                   | (402)759-3803   |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                      | valuations; Adult Non-Residential Services Outpatient - Co                                                              | -Occurring Treatment            |                 |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                   | nile Pre-Treatment Assessment (PTA); Pre-Treatment Ass                                                                  | sessment (bio-psychosocial)     |                 |
| Juvenile Services:        |                                                                                                   | utpatient Therapy including Family Sessions-Mental Healt<br>Evaluation; Assessment: Mental Status Exam (MSE); Asse      |                                 |                 |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                         |                                 |                 |
| Wright, Kara              | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                | 914 Baumann Dr Grand Island NB 68803                                                                                    | (308)379-8613                   |                 |
| Substance Abuse Services: |                                                                                                   |                                                                                                                         |                                 |                 |
| Mental Health Services:   |                                                                                                   |                                                                                                                         |                                 |                 |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                           | by-Mental Health; Assessment: Pre-Treatment Assessmen                                                                   | t (Medicaid); Assessment: Men   | tal Status Exam |
|                           | (IVISE)                                                                                           |                                                                                                                         |                                 |                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                               | Adult Non-Residential                                                                                              | Services Outpatient                                                                                 |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |
| Barritt, Samantha         | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                  | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)370-3140                                                                                                      | (402)370-3373                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring S<br>Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R<br>Assessment Services Substance Abuse Evaluation<br>Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Resic SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occur desidential Services Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juverile Non-Residential Services Intervention/Education; Juverile Not-Residential Services Outpatient - Groups; Juverile Non-Residential Services Outpatient - Co-Occurring Treatment; Juverile Notations | Non-Residential Servicting Treatment; Adult<br>vices Short Term Resemble Non-Residential<br>tient - Family; Juveni | ces Outpatient -<br>t Non-Residential<br>sidential; Juvenile<br>Services Care<br>le Non-Residential |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                     |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                   | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Soutpatient: Intensive Outpatient Therapy-Co-occurring; Asses                                                                                                                                                                                                                                                                                                           | apy - Co-occurring; In                                                                                             | tensive Outpatient:                                                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)564-9994                                                                                                      | (402)562-6458                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resic<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-F<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |
| Camacho, Diana            | Good Life Counseling & Support                                                                                                                                                                                                                                    | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)371-3044                                                                                                      |                                                                                                     |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                  | raluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Juvenile Assessment Services Substance Abuse Eva<br>Services Outpatient - Family; Juvenile Non-Residential Services Ou                                                                                                                                                                                                                                                                                                          | luations; Juvenile Nor                                                                                             |                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                     |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                               | Fax                                     |
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| Cattau, Jeanne            | Apex Therapy Service                                                                            | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                       | (402)379-2487                           |
| Substance Abuse Services: |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | nt (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     |                                         |
| Juvenile Services:        |                                                                                                 | Outpatient Therapy including Family Sessions-Mental Health; Outpater (Medicaid); As Health; Assessment: Pre-Treatment Assessment (Medicaid); As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .,                                                  | •                                       |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                             | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                       | (402)562-6458                           |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpat<br>Services Intensive Outpatient Treatment; Adult | Evaluations; Adult Non-Residential Services Intervention/Education tient - Individual; Adult Non-Residential Services Outpatient - Co-Oct Residential Services Dual Residential (MH/SA); Juvenile Assessm - Family; Juvenile Non-Residential Services Outpatient - Individual; ential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ccurring Treatment; Adul<br>nent Services Substance | t Non-Residential<br>Abuse Evaluations; |
| Mental Health Services:   |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid)              | Outpatient Therapy including Family Sessions-Mental Health; Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | patient Therapy - Co-occ                            | urring; Assessment:                     |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Grothe, Maria             | Oasis Counseling International                                                                  | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                       | (402)379-3933                           |
| Substance Abuse Services: |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Mental Health Services:   |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
|                           | Community Treatment Aide                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Other Services:           | Bilingual Services;                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)336-3200                                       | (402)336-3219                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse                                                       | Evaluations; Juvenile Assessment Services Substance Abuse Eval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | luations                                            |                                         |
| Mental Health Services:   |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-                                                    | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out<br>Mental Health; Outpatient Therapy including Family Sessions-Ment<br>dicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tal Health; Outpatient Th                           |                                         |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Hannappel, Mark           | Apex Therapy Service                                                                            | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                       | (402)379-2487                           |
| Substance Abuse Services: |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Mental Health Services:   |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Juvenile Services:        |                                                                                                 | Outpatient Therapy including Group Sessions-Mental Health; Outpo Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Commence of the Commence of th | Outpatient: Intensive Out                           |                                         |

Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive

| Name                      | Agency                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                                                                                                         | Fax                                                                                                   |
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| Other Services:           | Outpatient- Eating Disorder; Assessment: Pre-Tr<br>Evaluation; Assessment: Juvenile Who Sexually<br>Sliding Fee Scale;                                                                                                             | reatment Assessment (Medicaid); Assessment: Mental Status<br>Harm Risk Assessment                                                                                                                                                                                                                                                                                                                                                         | Exam (MSE); Assessment: P                                                                                                                                     | esychological                                                                                         |
| Hergott, Mariah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                | (402)370-3140                                                                                                                                                 |                                                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - C                        |                                                                                                                                                                                                                                                                                                                                                                                                                                           | ridual; Adult Non-Residential S<br>stance Abuse Evaluations; Ju                                                                                               | Services Intensive venile Non-                                                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                    | outpatient Therapy including Group Sessions-Mental Health; Cg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                       |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                                                                                                                                                   | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                                                                                                                        | (402)685-4130                                                                                                                                                 | (402)685-4132                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                       |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                                                                                                                     | essment (PTA); Pre-Treatment Assessment (bio-psychosocia                                                                                                                                                                                                                                                                                                                                                                                  | al); Psychological Evaluation                                                                                                                                 |                                                                                                       |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                                                      | outpatient Therapy including Group Sessions-Mental Health; C<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assess<br>sment: Psychological Evaluation; Assessment: Juvenile Who                                                                                                                                                                                                                                                  | ment: Pre-Treatment Assessi                                                                                                                                   | ment (Medicaid);                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                       |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                            | (402)481-5392                                                                                                                                                 |                                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juvurunile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Educaups; Adult Non-Residential Services Outpatient - Family; Adul Occurring Treatment; Adult Non-Residential Services Intensivices Short Term Residential; Juvenile Assessment Services enile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Code Non-Residential Services Partial Care; Juvenile Residential | t Non-Residential Services Or<br>e Outpatient Treatment; Adult<br>Substance Abuse Evaluations<br>Non-Residential Services Ou<br>Occurring Treatment; Juvenile | utpatient - Individua<br>Residential Services; Juvenile Non-<br>tpatient - Family;<br>Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                       |
| luvanila Caminaan         |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                           | Phone                                                                                | Fax                                                                  |
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| Jones, James              | Community Justice Center                                                                                                                              | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                     | (402)429-1050                                                                        |                                                                      |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                          | General Education Class                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                   | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                        | (402)370-3140                                                                        |                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gron Adult Non-Residential Services Intensive Outpat                                                      | ssessment Services Substance Abuse Evaluations; Adult Non-R<br>ups; Adult Non-Residential Services Outpatient - Family; Adult No<br>ient Treatment; Adult Residential Services Short Term Residentia<br>rvices Outpatient - Groups; Juvenile Non-Residential Services O                                                           | on-Residential Services C<br>al; Juvenile Assessment S                               | Outpatient - Individua<br>Services Substance                         |
| Mental Health Services:   | ·                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                      | ervices;                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                      |
| Kollmar, Judy             | Oasis Counseling International                                                                                                                        | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                        | (402)379-2030                                                                        | (402)379-3933                                                        |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commu                                                                                                           | unity Treatment Aide                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Loberg, Katie             | Behavioral Health Specialist/Seekers of Serenity                                                                                                      | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                        | (402)370-3140                                                                        |                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gron<br>Adult Non-Residential Services Intensive Outpat<br>Abuse Evaluations; Juvenile Non-Residential Se | ssessment Services Substance Abuse Evaluations; Adult Non-Rups; Adult Non-Residential Services Outpatient - Family; Adult Noient 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<br>al; Juvenile Assessment S<br>s Outpatient - Groups; Juv | Outpatient - Individua<br>Services Substance<br>renile Non-Residenti |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                      |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Juvenile Services:        |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
|                           | Sliding Fee Scale                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |
| Other Services:           | Oliding i cc ocaic,                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                      |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker; Community Treatment Aide

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                                      | Fax                                                                            |
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| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                               | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                              | (402)371-3044                                                                              | (402)371-9643                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                |
| Juvenile Services:        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual-<br>Family Sessions-Mental Health; Outpatient Thera<br>Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; No<br>Health; Outpatient I<br>nt: Intensive Outpati<br>-Co-occurring; Asse | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>ssment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                |
| Oltmer, Cynthia           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                             | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                   | (402)379-0040                                                                              | (402)379-0759                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advess Short Term Residential                                                                                                                                                                                                                                              |                                                                                            |                                                                                |
| Mental Health Services:   | To Coourning Froatment, Addit Nosidential Corvic                                                                                                                                                             | os chorrioni residenda                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                          | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                   | (402)370-3140                                                                              | (402)370-3373                                                                  |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res                                                        | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ult Non-Residential Services Outpatient - Individual; Adult Non-Reside<br>sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Servinile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                            | ential Services Outp<br>sidential; Juvenile As<br>ices Outpatient - Far                    | atient - Co-Öccurring<br>ssessment Services<br>mily; Juvenile Non-             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A: SE); Assessment: Psychological Evaluation; Assessment: Co-Occurr                                                                                                                                                                                                          | ssessment: Pre-Trea                                                                        | Family Sessions-<br>atment Assessment                                          |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                    | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                               | (402)753-9415                                                                              |                                                                                |
| Substance Abuse Services: |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                |
| Mental Health Services:   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                |

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

| 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<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                | aluations; Adult Non-Residential Services Outpatient - Groups; Adulive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                              | Abuse Evaluations;                                                    | Juvenile Non-                                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                    | tion; Psychological E                                                 | valuation                                                                |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Who Sexually Harm; Assessment: Pre-Treatment<br>Assessment: Juvenile Who Sexually Harm Risk A                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatit Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring                                                                                                                                                                            | ent: Intensive Outpat                                                 | ient Therapy-Youth                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                          |
| Stortvedt, Mark           | Oasis Counseling International                                                                                                                                                                                                                         | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                           | (402)379-2030                                                         | (402)379-3933                                                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                          |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                        | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adul                                                                                                                                                                                                                                                                                                                                                     | lts who Sexually Harn                                                 | n Evaluation                                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Community Treatment Aide; Asset                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatie ssment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                       | ent Therapy including                                                 | Family Sessions-                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                          |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                    | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                           | (402)370-3140                                                         |                                                                          |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (Interest the service) On Committee (Interest the service) | Adult Non-Residential<br>ces Substance Abuse<br>on-Residential Servic | Services Outpatient -<br>Evaluations; Juvenilo<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      | or Theorem Controller                                                 | F'l 0'                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>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                                                            |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed                                                                                             | raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - covices Outpatient - co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co                                                                                         | Family; Adult Non-Re<br>ervices Substance Ab<br>Ivenile Non-Residenti | esidential Services<br>ouse Evaluations;<br>al Services Outpatien        |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                                                                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                    | nent Assessment (bio                                                  | -psychosocial); Co-                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individua<br>ent Therapy including Family Sessions-Mental Health; Outpatient Th<br>Co-Occurring                                                                                                                                                                                                                                                             |                                                                       |                                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                          |

| 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<br>Co-Occurring Treatment; Juvenile Assessment Se                                                                                                           | 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 - Family; Juvenile Non-Residential Services - Family - F | ult Non-Residential Sices Intervention/Edu                                                     | Services Outpatient -<br>ication; Juvenile                                                     |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Ser<br>Residential Services Outpatient - Groups; Juvenil | sessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Residenting Treatment; Adult Non-Residential Services Intensive Outpatical Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intensive Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Co-Occurring Treatment Intensive  | sidential Services Or<br>ent Treatment; Adult<br>es Intervention/Educ<br>ntial Services Outpat | utpatient - Individual;<br>Residential Services<br>ation; Juvenile Non-<br>tient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                              | atient Therapy - Individual-Mental Health; Outpatient Therapy including<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:<br>Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Intensive Outpatient                                                                           | Therapy-Mental                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                             | Fax                                                                |
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| Avalos, Mayra             | Region II- Human Services                                                                                                                           | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)324-6754                                                     | (308)324-5518                                                      |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Benesch, Kevin            | HopeSpoke                                                                                                                                           | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                     | (402)476-9623                                                      |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Juvenile Services:        |                                                                                                                                                     | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harris Psychological Evaluation; Assessment: Juvenile Who Sexually Harris Psychological Evaluation; Assessment Ps |                                                                   |                                                                    |
| 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 Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient<br>e Evaluations; Juver<br>es Outpatient - Fam |
| Juvenile Services:        |                                                                                                                                                     | outpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A ISE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                    |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                    |
| Crawford, Makayla         | Region II- Human Services                                                                                                                           | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)284-6767                                                     | (308)284-3084                                                      |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Fisher, Joel              | Region II- Human Services                                                                                                                           | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)539-1387                                                     | (308)532-1157                                                      |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                    |

Juvenile Services: Non-Treatment: Professional Partner

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                                                                                                              | Fax                                                                                                    |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                                                  | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                  | (308)737-1351                                                                                                                                                      |                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring; Adults who Sexually Ha                                                                                                                                                                                                                                                                                                                                                                  | rm Evaluation                                                                                                                                                      |                                                                                                        |
|                           | Outpatient Therapy including Family Sessions-M<br>Pre-Treatment Assessment (Medicaid); Assessment (Medicaid);                                                                                                                                                 | oatient Therapy - Individual-Mental Health; Outpatient Ther<br>Mental Health; Outpatient Therapy - Eating Disorder; Day Ti<br>nent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Hipple, George            | Greater Nebraska Monitoring, LLC                                                                                                                                                                                                                              | 105 W. 6th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                      | (308)520-8308                                                                                                                                                      |                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Juvenile Services:        | Contracted Services: Electronic Monitoring                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                     | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                            | (402)481-5392                                                                                                                                                      |                                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Edups; Adult Non-Residential Services Outpatient - Family; A Occurring Treatment; Adult Non-Residential Services Intenvices Short Term Residential; Juvenile Assessment Servicenile Non-Residential Services Outpatient - Groups; Juvenndividual; Juvenile Non-Residential Services Outpatient - Cile Non-Residential Services Partial Care; Juvenile Residential | dult Non-Residential Services Ousive Outpatient Treatment; Adult es Substance Abuse Evaluations lile Non-Residential Services Out Co-Occurring Treatment; Juvenile | tpatient - Individua<br>Residential Service<br>; Juvenile Non-<br>patient - Family;<br>Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Other Services:           | 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;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                        |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                                                    | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                | (402)474-4343                                                                                                                                                      | (402)474-6957                                                                                          |
|                           | Adult Residential Services Short Term Residenti                                                                                                                                                                                                               | -1                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                        |
| Substance Abuse Services: | Adult Residential Services Short Term Residenti                                                                                                                                                                                                               | lai                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                        |
| Mental Health Services:   |                                                                                                                                                                                                                                                               | aı                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                                                                                               | Agency                                                                                                                                                                                | Address                                                                                                                                                                                                                                                             | Phone                                                                      | Fax                                       |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|
| Romero, Ana                                                                                                        | Region II- Human Services                                                                                                                                                             | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                     | (308)324-6754                                                              |                                           |
| Substance Abuse Services:                                                                                          |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                     |                                                                            |                                           |
| Mental Health Services:                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                     |                                                                            |                                           |
| Juvenile Services:                                                                                                 | Non-Treatment: Professional Partner                                                                                                                                                   |                                                                                                                                                                                                                                                                     |                                                                            |                                           |
| Other Services:                                                                                                    | Sliding Fee Scale; Hearing Impaired; Bilingu                                                                                                                                          | ual Services;                                                                                                                                                                                                                                                       |                                                                            |                                           |
| Stermensky, Dr. Gage                                                                                               |                                                                                                                                                                                       | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                  | (417)413-0085                                                              | (308)832-4844                             |
|                                                                                                                    | Individual; Adult Non-Residential Services In Residential Services Outpatient - Groups; Ju                                                                                            | se Evaluations; Adult Non-Residential Services Outpatient - Group<br>ntensive Outpatient Treatment; Juvenile Assessment Services Sul<br>uvenile Non-Residential Services Outpatient - Individual<br>ment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | bstance Abuse Evaluations;                                                 | Juvenile Non-                             |
| Juvenile Services:                                                                                                 |                                                                                                                                                                                       | th; Outpatient Therapy including Group Sessions-Mental Health; (                                                                                                                                                                                                    | Outpatient Therapy including                                               | Family Sessions-                          |
|                                                                                                                    | Who Sexually Harm; Assessment: Pre-Trea                                                                                                                                               | Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive trment Assessment (Medicaid); Assessment: Mental Status Exam Risk Assessment; Assessment: Co-Occurring                                                                                              | Outpatient: Intensive Outpat                                               | ient Therapy-Youth                        |
| Other Services:                                                                                                    | Who Sexually Harm; Assessment: Pre-Trea                                                                                                                                               | tment Assessment (Medicaid); Assessment: Mental Status Exam                                                                                                                                                                                                         | Outpatient: Intensive Outpat                                               | ient Therapy-Youth                        |
|                                                                                                                    | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F                                                                                                      | tment Assessment (Medicaid); Assessment: Mental Status Exam                                                                                                                                                                                                         | Outpatient: Intensive Outpat                                               | ient Therapy-Youth                        |
|                                                                                                                    | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F Sliding Fee Scale;                                                                                   | tment Assessment (Medicaid); Assessment: Mental Status Exam<br>Risk Assessment; Assessment: Co-Occurring                                                                                                                                                            | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho                  | ient Therapy-Youth<br>logical Evaluation; |
| Vak, Ashley                                                                                                        | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F Sliding Fee Scale;                                                                                   | tment Assessment (Medicaid); Assessment: Mental Status Exam<br>Risk Assessment; Assessment: Co-Occurring                                                                                                                                                            | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho                  | ient Therapy-Youth<br>logical Evaluation; |
| Vak, Ashley Substance Abuse Services: Mental Health Services:                                                      | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F Sliding Fee Scale;                                                                                   | tment Assessment (Medicaid); Assessment: Mental Status Exam<br>Risk Assessment; Assessment: Co-Occurring                                                                                                                                                            | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho                  | ient Therapy-Youth<br>logical Evaluation; |
| Vak, Ashley Substance Abuse Services: Mental Health Services: Juvenile Services:                                   | Who Sexually Harm; Assessment: Pre-Trea<br>Assessment: Juvenile Who Sexually Harm F<br>Sliding Fee Scale;<br>Region II- Human Services                                                | tment Assessment (Medicaid); Assessment: Mental Status Exam<br>Risk Assessment; Assessment: Co-Occurring                                                                                                                                                            | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho                  | ient Therapy-Youth<br>logical Evaluation; |
| Vak, Ashley  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:               | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F Sliding Fee Scale; Region II- Human Services  Non-Treatment: Professional Partner                    | tment Assessment (Medicaid); Assessment: Mental Status Exam<br>Risk Assessment; Assessment: Co-Occurring                                                                                                                                                            | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho                  | ient Therapy-Youth<br>logical Evaluation; |
| Vak, Ashley Substance Abuse Services: Mental Health Services: Juvenile Services:                                   | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F Sliding Fee Scale; Region II- Human Services  Non-Treatment: Professional Partner Sliding Fee Scale; | tment Assessment (Medicaid); Assessment: Mental Status Exam Risk Assessment; Assessment: Co-Occurring  110 N. Bailey North Platte NB 69103-1208                                                                                                                     | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho<br>(308)532-4860 | tient Therapy-Youth logical Evaluation;   |
| Vak, Ashley  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  White, Sarah | Who Sexually Harm; Assessment: Pre-Trea Assessment: Juvenile Who Sexually Harm F Sliding Fee Scale; Region II- Human Services  Non-Treatment: Professional Partner Sliding Fee Scale; | tment Assessment (Medicaid); Assessment: Mental Status Exam Risk Assessment; Assessment: Co-Occurring  110 N. Bailey North Platte NB 69103-1208                                                                                                                     | Outpatient: Intensive Outpat<br>(MSE); Assessment: Psycho<br>(308)532-4860 | tient Therapy-Youth logical Evaluation;   |

| Name                                          | Agency                                                                                                      | Address                                                                                                                                                                                    | Phone                | Fax                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Arriaga, Ruby                                 | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               |                                                                                                             | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Arriaga-Velez, Brenda                         | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               | , , , ,                                                                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Baker, Guadalupe                              | Alcohol and Drug Addiction                                                                                  | 3321 Ave I Suite C Scottsbluff NB 69361                                                                                                                                                    | (308)631-1709        | (308)635-7412       |
| Mental Health Services:<br>Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential Se | ent - Family; Adult Non-Residential Services Outpatient - Individual; J<br>rvices Intervention/Education; Juvenile Non-Residential Services Ou<br>dential Services Outpatient - Individual |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Benesch, Kevin                                | HopeSpoke                                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                 | (402)475-7666        | (402)476-9623       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually F                                                        |                      |                     |
| Other Services:                               | Sliding Fee Scale;                                                                                          |                                                                                                                                                                                            |                      |                     |
| Chavez, Mario                                 | Optimal Family Preservation                                                                                 | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                       | (308)633-3703        | (308)633-3837       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | p Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment                                                                                                                              | : Day Reporting; Non | -Treatment: Evening |
| Other Services                                | Reporting; Non-Treatment: General Education C Bilingual Services;                                           | Iass                                                                                                                                                                                       |                      |                     |
| Outer Octalices.                              | Dilligual Services,                                                                                         |                                                                                                                                                                                            |                      |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                                                 | Agency                                                                                                                     | Address                                                                                                                                                                                     | Phone                                                            | Fax                                |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------|
| Cooper, Penny                                        |                                                                                                                            | 515 Elm St Bayard NB 69334                                                                                                                                                                  | (308)631-5523                                                    |                                    |
| Substance Abuse Services:                            | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Se                             | valuations; Adult Non-Residential Services Outpatient - Indivi                                                                                                                              | idual; Juvenile Assessment Ser                                   | vices Substance                    |
| Mental Health Services:                              | •                                                                                                                          |                                                                                                                                                                                             |                                                                  |                                    |
| Juvenile Services:                                   |                                                                                                                            |                                                                                                                                                                                             |                                                                  |                                    |
| Other Services:                                      | Hearing Impaired;                                                                                                          |                                                                                                                                                                                             |                                                                  |                                    |
| Crouch, Samuel                                       |                                                                                                                            | 120 E 16th St Suite C Scottsbluff NB 69361                                                                                                                                                  | (308)225-0500                                                    |                                    |
| Substance Abuse Services:                            | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Se                             | valuations; Adult Non-Residential Services Outpatient - Indivi                                                                                                                              | idual; Juvenile Assessment Ser                                   | vices Substance                    |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                               |                                                                                                                                                                                             |                                                                  |                                    |
|                                                      | Outpatient Therapy - Individual-Mental Health; O                                                                           | outpatient Therapy including Group Sessions-Mental Health; og; Assessment: Pre-Treatment Assessment (Medicaid); Asse                                                                        |                                                                  | mily Sessions-                     |
| Other Services:                                      | Sliding Fee Scale;                                                                                                         | g,                                                                                                                                                                                          | g                                                                |                                    |
| 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/Educ<br>ent - Individual; Juvenile Assessment Services Substance Ab<br>I Services Outpatient - Groups; Juvenile Non-Residential Ser | ouse Évaluations; Juvenile Non-                                  |                                    |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                            |                                                                  |                                    |
| Juvenile Services:                                   |                                                                                                                            | outpatient Therapy including Group Sessions-Mental Health; nent Assessment (Medicaid); Assessment: Co-Occurring                                                                             | Outpatient Therapy - Eating Dis                                  | order; Outpatient                  |
| Other Services:                                      | Sliding Fee Scale;                                                                                                         | , ,                                                                                                                                                                                         |                                                                  |                                    |
| Crouch, Samuel                                       | Valley Youth Connections                                                                                                   | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                    | (308)225-0500                                                    |                                    |
| Substance Abuse Services:                            |                                                                                                                            |                                                                                                                                                                                             |                                                                  |                                    |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                               | (bio-psychosocial)                                                                                                                                                                          |                                                                  |                                    |
| Juvenile Services:                                   | Non-Treatment: Intensive Family Preservation; C<br>Outpatient Therapy including Family Sessions-M<br>Assessment (Medicaid) | Outpatient Therapy - Individual-Mental Health; Outpatient The<br>lental Health; Intensive Outpatient: Intensive Outpatient Ther                                                             | erapy including Group Sessions-<br>rapy-Mental Health; Assessmen | Mental Health;<br>:: Pre-Treatment |
| Other Services:                                      | Sliding Fee Scale;                                                                                                         |                                                                                                                                                                                             |                                                                  |                                    |
|                                                      | Valley Youth Connections                                                                                                   | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                    | (308)633-0110 (                                                  | 308)633-0112                       |
| Duarte, Christine                                    | valley routh Connections                                                                                                   | 20 0 Bollino TIVI VV Coollobian IVB 00001                                                                                                                                                   | (000)000 01.0                                                    | 000,000 0112                       |
| Duarte, Christine Substance Abuse Services:          | <u> </u>                                                                                                                   | 25 G Delimin Tivi TV Goodebian Tib Good                                                                                                                                                     | (000)000 0110 (                                                  | 000,000 0112                       |
| Substance Abuse Services:<br>Mental Health Services: | •                                                                                                                          | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                    | (000)000 0110 (                                                  | 000,000 0112                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                           | Fax                                                                                          |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Estrada, Marcia           | Cirrus House Inc                                                                                                                                                                                                                                              | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)635-2256                                                                                   | (308)635-1271                                                                                |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Acatient - Co-Occurring Treatment; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Individual; Juvenile Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tance Abuse Evaluat                                                                             | ions; Juvenile Non-                                                                          |
| Mental Health Services:   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                         | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Assessment (bio                                                                             | -psychosocial); Co-                                                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C                                                                                                                                                                                                              | Outpatient Therapy including Family Sessions-Mental Health; Outpatiennent: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt Therapy - Co-occ                                                                             | urring; Assessment:                                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                                              |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                                                                                                                                                                                                                          | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)633-2070                                                                                   |                                                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
|                           | Non-Treatment: Professional Partner                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                              | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                                              |
| Hajek, Marilyn            | Destiny Counseling Services                                                                                                                                                                                                                                   | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)254-0737                                                                                   |                                                                                              |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ent - Individual; Adult Non-Residential Services Intensive Outpatient To<br>sidential Services Outpatient - Groups; Juvenile Non-Residential Serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | reatment; Juvenile A                                                                            | ssessment Services                                                                           |
| Mental Health Services:   | residential dervices dupation: maividual                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Hall, Anthony             | Cirrus House Inc                                                                                                                                                                                                                                              | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)635-1488                                                                                   |                                                                                              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Education; Adent - Individual; Juvenile Assessment Services Substance Abuse Evall Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | luations; Juvenile No                                                                           |                                                                                              |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                              |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                     | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                   |                                                                                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Education; Acups; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-R | esidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O | Outpatient - Individua<br>Ilt Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family; |

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

| Name                                                                                                                                                            | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                                                                                                                   | Fax                                                                                                                                                                                            |
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| Mental Health Services:                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Juvenile Services:                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Other Services:                                                                                                                                                 | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Jones, James                                                                                                                                                    | Community Justice Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                |
| Substance Abuse Services:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Mental Health Services:                                                                                                                                         | Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Juvenile Services:                                                                                                                                              | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Other Services:                                                                                                                                                 | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Marquez, Jacque                                                                                                                                                 | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-0110                                                                                                                                                                                                                                                                                           | (308)633-0112                                                                                                                                                                                  |
| Substance Abuse Services:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Mental Health Services:                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Juvenile Services:                                                                                                                                              | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| Other Services:                                                                                                                                                 | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
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| Raney, Sandra                                                                                                                                                   | Open Door                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)225-4335                                                                                                                                                                                                                                                                                           | (308)633-2020                                                                                                                                                                                  |
|                                                                                                                                                                 | Adult Assessment Services Substance Abuse Eve<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | aluations; Adult Non-Residential Services Outpatient - Individual; Ad<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lult Non-Residential S                                                                                                                                                                                                                                                                                  | Services Outpatient -                                                                                                                                                                          |
| Substance Abuse Services:                                                                                                                                       | Adult Assessment Services Substance Abuse Ev.<br>Co-Occurring Treatment; Juvenile Assessment S<br>Residential Services Outpatient - Co-Occurring T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aluations; Adult Non-Residential Services Outpatient - Individual; Ad<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lult Non-Residential S<br>rvices Outpatient - In                                                                                                                                                                                                                                                        | Services Outpatient -<br>dividual; Juvenile Non                                                                                                                                                |
| Substance Abuse Services:  Mental Health Services:                                                                                                              | Adult Assessment Services Substance Abuse Ev. Co-Occurring Treatment; Juvenile Assessment St. Residential Services Outpatient - Co-Occurring Toutpatient Therapy; Juvenile Pre-Treatment Assess Occurring Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Managoutpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Outpatient - Individual; Ad<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>reatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jult Non-Residential Solution Non-Residential Solution of the Invited National Solution (bioment: Day Reporting; Therapy - Individual Realth; Outpatient Therapy                                                                                                                                        | Services Outpatient -<br>dividual; Juvenile Non<br>-psychosocial); Co-<br>Non-Treatment:<br>-Mental Health;<br>erapy - Co-occurring;                                                           |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                          | Adult Assessment Services Substance Abuse Ev. Co-Occurring Treatment; Juvenile Assessment St. Residential Services Outpatient - Co-Occurring Toutpatient Therapy; Juvenile Pre-Treatment Assess Occurring Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Managoutpatient Therapy including Group Sessions-Medical Condenses of the C | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental Health;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Jult Non-Residential Solution Non-Residential Solution of the Invited National Solution (bioment: Day Reporting; Therapy - Individual Realth; Outpatient Therapy                                                                                                                                        | Services Outpatient -<br>dividual; Juvenile Non<br>-psychosocial); Co-<br>Non-Treatment:<br>-Mental Health;<br>erapy - Co-occurring;                                                           |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                          | Adult Assessment Services Substance Abuse Ev. Co-Occurring Treatment; Juvenile Assessment St. Residential Services Outpatient - Co-Occurring Toutpatient Therapy; Juvenile Pre-Treatment Assess Occurring Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Managoutpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental Health;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Jult Non-Residential Solution Non-Residential Solution of the Invited National Solution (bioment: Day Reporting; Therapy - Individual Realth; Outpatient Therapy                                                                                                                                        | Services Outpatient -<br>dividual; Juvenile Non<br>-psychosocial); Co-<br>Non-Treatment:<br>-Mental Health;<br>erapy - Co-occurring;                                                           |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Rodriguez, Juanita                                                     | Adult Assessment Services Substance Abuse Ev. Co-Occurring Treatment; Juvenile Assessment St. Residential Services Outpatient - Co-Occurring Toutpatient Therapy; Juvenile Pre-Treatment Assess Occurring Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manage Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring Sliding Fee Scale; ACCS Inc Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Memority (C/O); Pre-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: General Education Class; Outpatient Class; Non-Treatment: General Education Class; Outpatient Class Health; Outpatient Therapy including Family Sessions-Mental Hey-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid 1917 Avenue A Scottsbluff NB 69361 Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Intervention Services Outpatient - Individual Servic | Jult Non-Residential Sovices Outpatient - Invices Outpatient - Invices Outpatient - Invices Outpatient - Invices Outpatient (bioment: Day Reporting; Therapy - Individual Health; Outpatient Thod); Assessment: Mer  (308)633-1390 dult Non-Residential uvenile Assessment                              | Services Outpatient - dividual; Juvenile Non -psychosocial); Co- Non-Treatment: -Mental Health; erapy - Co-occurring; tal Status Exam  (308)633-1393  Services Outpatient - Services Substance |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Rodriguez, Juanita                                                     | Adult Assessment Services Substance Abuse Ev. Co-Occurring Treatment; Juvenile Assessment St. Residential Services Outpatient - Co-Occurring Toutpatient Therapy; Juvenile Pre-Treatment Assess Occurring Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Managoutpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring Sliding Fee Scale; ACCS Inc Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatient Abuse Evaluations; Juvenile Non-Residential Services Services Services Services Outpatient Abuse Evaluations; Juvenile Non-Residential Services Services Services Services Services Outpatient Abuse Evaluations; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Memority (C/O); Pre-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: General Education Class; Outpatient Class; Non-Treatment: General Education Class; Outpatient Class Health; Outpatient Therapy including Family Sessions-Mental Hey-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid 1917 Avenue A Scottsbluff NB 69361 Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Intervention Services Outpatient - Individual Servic | Jult Non-Residential Sovices Outpatient - Invices Outpatient - Invices Outpatient - Invices Outpatient - Invices Outpatient (bioment: Day Reporting; Therapy - Individual Health; Outpatient Thod); Assessment: Mer  (308)633-1390 dult Non-Residential uvenile Assessment                              | Services Outpatient - dividual; Juvenile Non -psychosocial); Co- Non-Treatment: -Mental Health; erapy - Co-occurring; tal Status Exam  (308)633-1393  Services Outpatient - Services Substance |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Rodriguez, Juanita  Substance Abuse Services:  Mental Health Services: | Adult Assessment Services Substance Abuse Ev. Co-Occurring Treatment; Juvenile Assessment S. Residential Services Outpatient - Co-Occurring T. Outpatient Therapy; Juvenile Pre-Treatment Asse. Occurring Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manag. Outpatient Therapy including Group Sessions-Me. Intensive Outpatient: Intensive Outpatient Therap. (MSE); Assessment: Co-Occurring Sliding Fee Scale; ACCS Inc  Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Memority (C/O); Pre-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: General Education Class; Outpatient Class; Non-Treatment: General Education Class; Outpatient Class Health; Outpatient Therapy including Family Sessions-Mental Hey-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid 1917 Avenue A Scottsbluff NB 69361 Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Intervention Services Outpatient - Individual Servic | Jult Non-Residential Sovices Outpatient - Invices Outpatient - Invices Outpatient - Invices Outpatient - Invices Outpatient (bioment: Day Reporting; Therapy - Individual Health; Outpatient Thod); Assessment: Mer  (308)633-1390  Jult Non-Residential Juvenile Assessment topatient - Groups; June 1 | Services Outpatient - dividual; Juvenile Non -psychosocial); Co- Non-Treatment: -Mental Health; erapy - Co-occurring; tal Status Exam  (308)633-1393  Services Outpatient - Services Substance |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                      | Address                                                                                                                                                                                                                                         | Phone                   | Fax                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| Santana, Melissa          | Guardian Light Family Services                                                                                                              | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                 | (308)631-2665           |                     |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                 |                         |                     |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                 |                         |                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                        |                                                                                                                                                                                                                                                 |                         |                     |
| Other Services:           | Bilingual Services;                                                                                                                         |                                                                                                                                                                                                                                                 |                         |                     |
| Stermensky, Dr. Gage      |                                                                                                                                             | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                              | (417)413-0085           | (308)832-4844       |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                       | valuations; Adult Non-Residential Services Outpatient - Groups; Advive Outpatient Treatment; Juvenile Assessment Services Substancials Services Outpatient - Individual                                                                         | e Abuse Evaluations;    | Juvenile Non-       |
|                           |                                                                                                                                             | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu                                                                                                                                                                                | . , ,                   |                     |
|                           | Mental Health; Outpatient Therapy - Youth Who<br>Who Sexually Harm; Assessment: Pre-Treatmen<br>Assessment: Juvenile Who Sexually Harm Risk | utpatient Therapy including Group Sessions-Mental Health; Outpat<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa<br>tt Assessment (Medicaid); Assessment: Mental Status Exam (MSE)<br>Assessment; Assessment: Co-Occurring | atient: Intensive Outpa | tient Therapy-Youth |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                 |                         |                     |
| Valdez, Juan              | Valley Youth Connections                                                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                        | (308)633-0110           | (308)633-0112       |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                    | Fax                                                                                                                    |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                            | (402)562-6458                                                                                                          |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundstein - | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Fient Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lential Services Interv<br>Residential Services (                                                                        | rention/Education;<br>Dutpatient - Individual;                                                                         |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| 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<br>Co-Occurring Treatment; Juvenile Non-Resident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Alent - Family; Adult Non-Residential Services Outpatient - Individual; Aleial Services Intervention/Education; Juvenile Non-Residential Service Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatien | Adult Non-Residential<br>es Outpatient - Group                                                                           | Services Outpatient -<br>s; Juvenile Non-                                                                              |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                        |
| Juvenile Services:        | Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                            | (402)562-6458                                                                                                          |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Adult F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | valuations; Adult Non-Residential Services Intervention/Education; Annt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Residential Services Dual Residential (MH/SA); Juvenile Assessment<br>Family; Juvenile Non-Residential Services Outpatient - Individual; Juvial Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ring Treatment; Adult<br>Services Substance                                                                              | t Non-Residential<br>Abuse Evaluations;                                                                                |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | outpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent Therapy - Co-occ                                                                                                     | urring; Assessment:                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                            |                                                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gron<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser-<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Foccurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substavenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurrile Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Residential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individual;<br>ilt Residential Services<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                        |

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                                      | Phone                                                      | Fax                                |
|---------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|
| Jones, James              | Community Justice Center                                                                         | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                | (402)429-1050                                              |                                    |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                              |                                                            |                                    |
| Mental Health Services:   | Outpatient Therapy                                                                               |                                                                                                                                                                                                                                                                                              |                                                            |                                    |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment:                                                     | General Education Class                                                                                                                                                                                                                                                                      |                                                            |                                    |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                              |                                                            |                                    |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                              | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                               | (308)870-2630                                              |                                    |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individuations: Services Substance Abuse Evaluations; Juvenile Non-Residential vuenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment | ual; Adult Non-Residential Seal Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| Mental Health Services:   |                                                                                                  | •                                                                                                                                                                                                                                                                                            |                                                            |                                    |
|                           |                                                                                                  |                                                                                                                                                                                                                                                                                              |                                                            |                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Mental Health                                   | outpatient Therapy including Group Sessions-Mental Health; Out                                                                                                                                                                                                                               | patient Therapy including Fa                               | mily Sessions-                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

| Name                      | Agency                                                                                       | Address                                                                                                                                                                                                         | Phone                | Fax                   |
|---------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| Andrews, Megan            | Boys Town                                                                                    | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                      | (308)224-3338        |                       |
| Substance Abuse Services: |                                                                                              |                                                                                                                                                                                                                 |                      |                       |
| Mental Health Services:   |                                                                                              |                                                                                                                                                                                                                 |                      |                       |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)    | Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                  | lon-Treatment: Fam   | ily Support Worker;   |
| Other Services:           | Bilingual Services;                                                                          |                                                                                                                                                                                                                 |                      |                       |
| Aschoff, Allison          | Women's Empowering Life Line                                                                 | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                 | (402)750-9660        |                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                              | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatient   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                |                      |                       |
| Juvenile Services:        |                                                                                              |                                                                                                                                                                                                                 |                      |                       |
| Other Services:           | Sliding Fee Scale;                                                                           |                                                                                                                                                                                                                 |                      |                       |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                             | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                            | (402)564-9994        | (402)562-6458         |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                             | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential     |                      |                       |
| Mental Health Services:   |                                                                                              |                                                                                                                                                                                                                 |                      |                       |
| Juvenile Services:        |                                                                                              |                                                                                                                                                                                                                 |                      |                       |
| 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                                                                                                                                            | ult Non-Residential  | Services Outpatient - |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                               | nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                             |                      |                       |
|                           | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpation | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>lent Assessment (Medicaid); Assessment: Co-Occurring             |                      |                       |
| Other Services:           | Sliding Fee Scale;                                                                           | ient Assessment (Medicald), Assessment. Co-Occurring                                                                                                                                                            |                      |                       |
| Camacho, Diana            | Good Life Counseling & Support                                                               | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                         | (402)371-3044        |                       |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien                                             | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile Nor |                       |
|                           |                                                                                              |                                                                                                                                                                                                                 |                      |                       |

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| Name                      | Agency                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                    | Phone                                                                | Fax                                                            |
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| Cattau, Jeanne            | Apex Therapy Service                                                                                                                               | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                               | (402)851-4026                                                        | (402)379-2487                                                  |
| Substance Abuse Services: |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                     | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                |
| Juvenile Services:        |                                                                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess                                                                                                                                                                                                     |                                                                      |                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |
| Cornwell, Shelli          | Colegrove Counseling Center                                                                                                                        | 1460 35th Ave. Columbus NB 68601                                                                                                                                                                                                                                                                                                           | (402)562-6767                                                        |                                                                |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Co-Occurring Treatment; Adult Non-<br>Juvenile Assessment Services Substance Abuse |                                                                                                                                                                                                                                                                                                                                            | ndividual; Adult Non-<br>al Services Short Te<br>on; Juvenile Non-Re | -Residential Services<br>rm Residential;<br>sidential Services |
|                           | •                                                                                                                                                  | راهاه-psychosocian, Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                    | nt Thorony Co. ooo                                                   | urring: Assessment                                             |
| Juvernie Services.        | Co-Occurring                                                                                                                                       | upatient Therapy including Family Sessions-Mental Health, Outpatie                                                                                                                                                                                                                                                                         | nit Therapy - Co-occi                                                | urring, Assessment.                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                       | (402)564-9994                                                        | (402)562-6458                                                  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Adult Re                                              | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuri<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juv<br>al Services Intensive Outpatient Treatment | ring Treatment; Adult<br>Services Substance                          | Non-Residential Abuse Evaluations;                             |
| Mental Health Services:   |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                           | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                        | nt Therapy - Co-occi                                                 | urring; Assessment:                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |
| Griffin, Melissa          | Meadows Behavioral Health INC.                                                                                                                     | 3314 26th St, Ste A Columbus NB 68601                                                                                                                                                                                                                                                                                                      | (402)564-9888                                                        | (402)564-9899                                                  |
|                           | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenila<br>Occurring Treatment                       | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                                                                                      | ring Treatment; Adult                                                | Non-Residential                                                |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |
|                           | Mental Health                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                         | nt Therapy including                                                 | Family Sessions-                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                               | Fax                                                                                                                  |
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| Hannappel, Mark           | Apex Therapy Service                                                                                                                                                                                                                | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                                                                                       | (402)379-2487                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpat t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive nent: Mental Status Exam (MSE); Assessment: Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | atient: Intensive Outp<br>Outpatient- Eating D                                                                      | oatient Therapy-Ment<br>Disorder; Assessment                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Hergott, Mariah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                 | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                       |                                                                                                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services                                                                                                                                 | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adent Term Residential; Juvenile Assessment Services Substance A enile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | dult Non-Residential<br>buse Evaluations; J                                                                         | Services Intensive uvenile Non-                                                                                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                                                                                                                                                    | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)685-4130                                                                                                       | (402)685-4132                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                     | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nological Evaluation                                                                                                |                                                                                                                      |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pr<br>sment: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | re-Treatment Assess                                                                                                 | sment (Medicaid);                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                       |                                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Redocurring Treatment; Adult Non-Residential Services Intensive Outpativices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual<br>Ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                          | Fax                                            |
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| Jones, James              | Community Justice Center                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                  |                                                |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Mental Health Services:   | Outpatient Therapy                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment:                                                       | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of<br>Serenity                                                | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                  |                                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Intensive Outpat | Assessment Services Substance Abuse Evaluations; Adult Non-Resups; Adult Non-Residential Services Outpatient - Family; Adult Nortient Treatment; Adult Residential Services Short Term Residential services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups | -Residential Services (<br>Juvenile Assessment | Dutpatient - Individual;<br>Services Substance |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                   | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                |
| Kiuntke, Jean             | Discovery Counseling, LLC                                                                          | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)606-3084                                  | (402)606-4693                                  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                    | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Individual; Juvenile Assessment Services Substance Abuse E<br>Il Services Outpatient - Groups; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | valuations; Juvenile No                        |                                                |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Kollmar, Judy             | Oasis Counseling International                                                                     | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                  | (402)379-3933                                  |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commu                                                        | unity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| McCarthy, Kim             | Oasis Counseling International                                                                     | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                  | (402)379-3933                                  |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commu                                                        | unity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                |

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                             | Phone                                                              | Fax                                                                |
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| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                  | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                              | (402)753-9415                                                      |                                                                    |
| Substance Abuse Services: |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                    |
| Mental Health Services:   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                    |
|                           |                                                                                                                                                            | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                  | e                                                                  |                                                                    |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                    |
| Stermensky, Dr. Gage      |                                                                                                                                                            | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                  | (417)413-0085                                                      | (308)832-4844                                                      |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                    | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ve Outpatient Treatment; Juvenile Assessment Services Substance<br>le Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                | Abuse Evaluations;                                                 | Juvenile Non-                                                      |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatier<br>Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A                                                                                                                                      | nt Therapy including<br>ent: Intensive Outpat                      | Family Sessions-<br>ient Therapy-Youth                             |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re<br>rvices Substance Al<br>venile Non-Resident | esidential Services<br>ouse Evaluations;<br>ial Services Outpatien |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                                  | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                  | ent Assessment (bio                                                | -psychosocial); Co-                                                |
| Juvenile Services:        |                                                                                                                                                            | Treatment: General Education Class; Outpatient Therapy - Individual<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>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<br>Co-Occurring Treatment; Juvenile Assessment S                                                           | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>evenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-<br>o-Occurring Treatment                              | dult Non-Residential vices Intervention/Ed                         | Services Outpatient -<br>lucation; Juvenile                        |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                    |
| Juvenile Services:        |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                    |

| Name                                          | Agency                                                                                                      | Address                                                                                                                                                                                    | Phone                | Fax                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Arriaga, Ruby                                 | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               |                                                                                                             | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Arriaga-Velez, Brenda                         | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               | , , , ,                                                                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Baker, Guadalupe                              | Alcohol and Drug Addiction                                                                                  | 3321 Ave I Suite C Scottsbluff NB 69361                                                                                                                                                    | (308)631-1709        | (308)635-7412       |
| Mental Health Services:<br>Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential Se | ent - Family; Adult Non-Residential Services Outpatient - Individual; J<br>rvices Intervention/Education; Juvenile Non-Residential Services Ou<br>dential Services Outpatient - Individual |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Benesch, Kevin                                | HopeSpoke                                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                 | (402)475-7666        | (402)476-9623       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually F                                                        |                      |                     |
| Other Services:                               | Sliding Fee Scale;                                                                                          |                                                                                                                                                                                            |                      |                     |
| Chavez, Mario                                 | Optimal Family Preservation                                                                                 | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                       | (308)633-3703        | (308)633-3837       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | p Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment                                                                                                                              | : Day Reporting; Non | -Treatment: Evening |
| Other Services                                | Reporting; Non-Treatment: General Education C Bilingual Services;                                           | Iass                                                                                                                                                                                       |                      |                     |
| Outer Octalices.                              | Dilligual 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Intervention/Educa<br>es Outpatient - Groups; Adult Non-Residential Services Outpat<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside<br>ducation; Juvenile Non-Residential Services Care Monitoring<br>ervices Outpatient - Family; Juvenile Non-Residential Services<br>uvenile Non-Residential Services Intensive Outpatient Treatm | atient - Family; Adult Non-Re<br>ential Services Intensive Out<br>SA/MH; Juvenile Non-Resic<br>s Outpatient - Individual; Juv | sidential Services<br>patient Treatment;<br>lential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                              |
|                           | Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Co-Occurring                                                                                                            | utpatient Therapy including Group Sessions-Mental Health; O<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental H<br>g                                                                                                                                                                                                                                                              |                                                                                                                               |                                                              |
| 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; Ad<br>Services Outpatient - Family; Juvenile Non-Residential Service<br>(hip-psychosocial): Co-Occurring                                                                                                                                                                                                                           |                                                                                                                               |                                                              |
|                           | 1 37                                                                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; C                                                                                                                                                                                                                                                                                                                                    | Outpatient Therapy - Co-occu                                                                                                  | ırrina: Assessment:                                          |
|                           | Co-Occurring                                                                                                                                                                                                  | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | 3,                                                           |
| 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                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 | lual; Juvenile Assessment S                                                                                                   | ervices Substance                                            |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | , , ,                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                                              |
| Juvenile Services:        |                                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; O<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Asses                                                                                                                                                                                                                                                                        |                                                                                                                               | Family Sessions-                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                            | g, Assessment. Fre-freatment Assessment (Medicald), Asses                                                                                                                                                                                                                                                                                                                                       | sament. Co-Occurring                                                                                                          |                                                              |
| Crouch, Samuel            | Valley Youth Connections                                                                                                                                                                                      | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                        | (308)225-0500                                                                                                                 |                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                              |
| Juvenile Services:        |                                                                                                                                                                                                               | Outpatient Therapy - Individual-Mental Health; Outpatient Therental Health; Intensive Outpatient: Intensive Outpatient Thera                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                              |

|                            |                                                                                                                                                                                                        | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                        |
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| 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                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Eva<br>Services Outpatient - Groups; Juvenile Non-Residential Services O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | luations; Juvenile No                                                                         |                                                                                        |
| Mental Health Services:    | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                        |
| Juvenile Services:         |                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatient Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nt Therapy - Eating [                                                                         | Disorder; Outpatient                                                                   |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                        |
| Day, Glenda                | Human Services Inc                                                                                                                                                                                     | 419 West 25th St. Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)762-7177                                                                                 | (308)762-6121                                                                          |
| Cubstance / Dusc Convices. | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Assessment Services Substance Abuse Evaluatio<br>Groups; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Astroices Intensive Outpatient Treatment; Adult Residential Services ons; Juvenile Non-Residential Services Intervention/Education; Juventient - Family; Juvenile Non-Residential Services Outpatient - Indivion-Residential Services Outpatient - Indivion-Residential Services Intervential Services Intersive Outpatient Treatment; Juvenile Residential Services Intensive Outpatient Treatment; Juvenile Residential Services Outpatient Treatment | Adult Non-Residential<br>Short Term Resident<br>Inile Non-Residential<br>dual; Juvenile Non-R | Services Outpatient -<br>ial; Juvenile<br>Services Outpatient -<br>esidential Services |
| Mental Health Services:    |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                        |
| Juvenile Services:         |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                        |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                        |
| Duarte, Christine          | Valley Youth Connections                                                                                                                                                                               | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (308)633-0110                                                                                 | (308)633-0112                                                                          |
| Substance Abuse Services:  |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                        |
| Mental Health Services:    |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                        |
| Juvenile Services:         | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                          | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                        |
| Other Services:            | Bilingual 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; Aditiont - Co-Occurring Treatment; Juvenile Assessment Services Subsemile Non-Residential Services Outpatient - Individual; Juvenile Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tance Abuse Evaluat                                                                           | ions; Juvenile Non-                                                                    |
| Mental Health Services:    | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nent Assessment (bio                                                                          | -psychosocial); Co-                                                                    |
| Juvenile Services:         |                                                                                                                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent Therapy - Co-occ                                                                          | urring; Assessment:                                                                    |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

| Name                                               | Agency                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                    | Fax                                                                      |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Gabel, Bradley                                     | Region 1 Behavioral Health Authority                                                                                                                                                       | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                          | (308)633-2070                                                                                                                                            |                                                                          |
| Substance Abuse Services:                          |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Mental Health Services:                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual                                                                                                                                             | Services;                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                          |                                                                          |
| Hajek, Marilyn                                     | Destiny Counseling Services                                                                                                                                                                | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                                                                                                                                                                  | (308)254-0737                                                                                                                                            |                                                                          |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpati                                                                                                                                             | Evaluations; Adult Non-Residential Services Outpatient - G<br>ent - Individual; Adult Non-Residential Services Intensive C<br>esidential Services Outpatient - Groups; Juvenile Non-Res                                                                                                                                                                        | <b>Dutpatient Treatment; Juvenile Ass</b>                                                                                                                | essment Services                                                         |
| Mental Health Services:                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
|                                                    | Non-Treatment: Anger Management Class                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Hall, Anthony                                      | Cirrus House Inc                                                                                                                                                                           | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                              | (308)635-1488                                                                                                                                            |                                                                          |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpar                                                                                                                                              | Evaluations; Adult Non-Residential Services Intervention/Edient - Individual; Juvenile Assessment Services Substance al Services Outpatient - Groups; Juvenile Non-Residential                                                                                                                                                                                 | Abuse Evaluations; Juvenile Non-                                                                                                                         |                                                                          |
| Mental Health Services:                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Juvenile Services:                                 |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Hood, Colleen                                      | Human Services Inc                                                                                                                                                                         | 419 West 25th St. Alliance NB 69301                                                                                                                                                                                                                                                                                                                            | (308)762-7177                                                                                                                                            | (308)762-6121                                                            |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpa<br>Co-Occurring Treatment; Adult Non-Residentia<br>Assessment Services Substance Abuse Evalua<br>Groups; Juvenile Non-Residential Services Ou | Evaluations; Adult Non-Residential Services Intervention/Etient - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Adult Residentiations; Juvenile Non-Residential Services Intervention/Eductpatient - Family; Juvenile Non-Residential Services Outpation-Residential Services Intensive Outpatient Treatment; | Individual; Adult Non-Residential S<br>al Services Short Term Residential<br>cation; Juvenile Non-Residential So<br>tient - Individual; Juvenile Non-Res | ervices Outpatient; Juvenile<br>ervices Outpatient<br>sidential Services |
| Mental Health Services:                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Juvenile Services:                                 |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                          |
| Jines, Alex                                        | Silver Lining Counseling LLC                                                                                                                                                               | 815 Flack Ave Alliance NB 69301                                                                                                                                                                                                                                                                                                                                | (308)763-1788                                                                                                                                            |                                                                          |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                                                            | Evaluations; Adult Non-Residential Services Intervention/Edition - Family; Adult Non-Residential Services Outpatient - es Short Term Residential                                                                                                                                                                                                               | •                                                                                                                                                        | •                                                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                 | Fax                                                                                                                   |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
|                           | -                                                                                                                                                                                                                                                                  | 4040 L L 01 L L ND 00504                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (400) 404 5000                                                                                                        |                                                                                                                       |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                         |                                                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>tient Treatment; Adu<br>ace Abuse Evaluation<br>esidential Services O<br>ag Treatment; Juven | Outpatient - Individual<br>ult Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)429-1050                                                                                                         |                                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Karell, Christine         | Christine Karell PC LLO                                                                                                                                                                                                                                            | 815 Flack Ave Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)762-2723                                                                                                         | (308)217-4277                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Juvenile Services:        | Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                                                                                       | sment: Medication Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                                                           | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)633-0110                                                                                                         | (308)633-0112                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                      | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Price, Amanda             | Inspirit Counseling                                                                                                                                                                                                                                                | 709 W 4th St Suite 2 Chadron NB 69337                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)430-1944                                                                                                         |                                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Assessment: Pre-Treatment Asse                                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>ssment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                     | nt Therapy including                                                                                                  | Family Sessions-                                                                                                      |

| Name                                                                                                      | Agency                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                           | Phone                                          | Fax                                     |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| Raney, Sandra                                                                                             | Open Door                                                                                                                                                                     | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                                                       | (308)225-4335                                  | (308)633-2020                           |
| Substance Abuse Services:                                                                                 |                                                                                                                                                                               | raluations; Adult Non-Residential Services Outpatient - Individual; Adviervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>Freatment                                                                                                                                            |                                                |                                         |
| Mental Health Services:                                                                                   |                                                                                                                                                                               | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment                                                                                                                                                                                                                              | ent Assessment (bio-                           | psychosocial); Co-                      |
|                                                                                                           | Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm<br>gement Class; Non-Treatment: General Education Class; Outpatient<br>ental Health; Outpatient Therapy including Family Sessions-Mental H<br>by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid                | Therapy - Individual-<br>ealth; Outpatient The | Mental Health;<br>erapy - Co-occurring; |
| Other Services.                                                                                           | Sliding Fee Scale;                                                                                                                                                            |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Red Nest III, Edison                                                                                      | Native Futures                                                                                                                                                                | 1227 Big Horn Alliance NB 69301                                                                                                                                                                                                                                                                   | (308)458-7795                                  |                                         |
| Substance Abuse Services:                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Mental Health Services:                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Juvenile Services:                                                                                        |                                                                                                                                                                               | eatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Ev<br>Non-Treatment: Employment Placement Program; Non-Treatment: F                                                                                                                                                               |                                                | n-Treatment: Anger                      |
| Other Services:                                                                                           | Sliding Fee Scale;                                                                                                                                                            |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Rodriguez, Juanita                                                                                        | ACCS Inc                                                                                                                                                                      | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                | (308)633-1390                                  | (308)633-1393                           |
| Substance Abuse Services:                                                                                 | Groups; Adult Non-Residential Services Outpatie                                                                                                                               | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual                                                             | uvenile Assessment                             | Services Substance                      |
| Mental Health Services:                                                                                   | ocinios carpanoni i animy, caronino iton itosis                                                                                                                               | onia Como Calpanoni individua                                                                                                                                                                                                                                                                     |                                                |                                         |
| Juvenile Services:                                                                                        | Non-Treatment: General Education Class; Non-T                                                                                                                                 | reatment: Family Partner; Contracted Services: Electronic Monitoring                                                                                                                                                                                                                              | ]                                              |                                         |
| Other Services:                                                                                           | Sliding Fee Scale;                                                                                                                                                            |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Santana, Melissa                                                                                          | Guardian Light Family Services                                                                                                                                                | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                                                                   | (308)631-2665                                  |                                         |
| 0.1                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Substance Abuse Services:                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Substance Abuse Services:  Mental Health Services:                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Mental Health Services:                                                                                   | Non-Treatment: Family Support Worker                                                                                                                                          |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Mental Health Services:<br>Juvenile Services:                                                             | Non-Treatment: Family Support Worker Bilingual Services;                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                                |                                         |
| Mental Health Services:<br>Juvenile Services:                                                             | , ,,                                                                                                                                                                          | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                | (417)413-0085                                  | (308)832-4844                           |
| Mental Health Services: Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni                               | 1811 Avenue A Scottsbluff NB 69361  raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Non-Residential Ser<br>Abuse Evaluations;      | vices Outpatient -<br>luvenile Non-     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                           | Address                                                                                                                                        | Phone          | Fax                 |
|---------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
|                           | Assessment: Psychological Evaluation; Assessment | ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co                                                                                | -Occurring     |                     |
| 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<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri |                | rvices Outpatient - |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (   | · · · · · · · · · · · · · · · · · · ·                                                                                                          | ing ricalinent |                     |
| Juvenile Services:        |                                                  |                                                                                                                                                |                |                     |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                                |                |                     |
| Valdez, Juan              | Valley Youth Connections                         | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                       | (308)633-0110  | (308)633-0112       |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual 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                                                                                                                                                                                                          | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Adult Residential Services D      | dult Non-Residential                                                   | Services Outpatient -                                                  |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                       |                                                                        |                                                                        |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                       |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                         | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                   | (402)564-9994                                                          | (402)562-6458                                                          |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                         | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential          |                                                                        |                                                                        |
| Mental Health Services:                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Juvenile Services:                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| 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                                                                                                                                                                                                          | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - F<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re                                                    | sidential Services                                                     |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                       |                                                                        |                                                                        |
| Juvenile Services:                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Frank, Abigail                                | Heartland Counseling Services, Inc.                                                                                                                                                                                                                      | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                   | (402)336-2800                                                          | (402)336-2849                                                          |
| Mental Health Services:                       | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C<br>Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                | dult Non-Residential<br>rices Intervention/Ed<br>esidential Services ( | Services Outpatient -<br>lucation; Juvenile<br>Outpatient - Individual |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                                               | Fax                                                                                                                 |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Grabowski, Karen                                   | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)564-9994                                                                                                       | (402)562-6458                                                                                                       |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr cesidential Services Dual Residential (MH/SA); Juvenile Assessment camily; Juvenile Non-Residential Services Outpatient - Individual; Juvenial Services Intensive Outpatient Treatment                                                                                                                                                                                 | ing Treatment; Adult<br>Services Substance                                                                          | Non-Residential Abuse Evaluations;                                                                                  |
| Mental Health Services:                            |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
|                                                    | Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Therapy - Co-occu                                                                                                | ırring; Assessment:                                                                                                 |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
| Hampton, Betty                                     | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                      | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)336-3200                                                                                                       | (402)336-3219                                                                                                       |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                          | valuations; Juvenile Assessment Services Substance Abuse Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ns                                                                                                                  |                                                                                                                     |
| Mental Health Services:                            |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
| Juvenile Services:                                 | Outpatient Therapy including Group Sessions-Me                                                                                                                                                                                        | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessment: Co-Occu                                                                                                                                                                                                                                                                                                            | ealth; Outpatient The                                                                                               |                                                                                                                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
| Johnson, Jill                                      | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)481-5392                                                                                                       |                                                                                                                     |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction; Adult Non-Reduction of Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Reduividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>is; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                            |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
| Juvenile Services:                                 |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |
| Jones, James                                       | Community Justice Center                                                                                                                                                                                                              | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)429-1050                                                                                                       |                                                                                                                     |
| Substance Abuse Services:  Mental Health Services: | Outpatient Therapy                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                     |

Other Services: Sliding Fee Scale;

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                    | Fax                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Kennedy, Jenna                                     | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                        | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                                            |                                                                           |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Intensive Outpat                                                                                                                                                                                      | assessment Services Substance Abuse Evaluations; Adult Non-Fups; Adult Non-Residential Services Outpatient - Family; Adult Nient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Coutpatient - Groups; Juvenile Non-Residential Services - Groups - G | Ion-Residential Services Ou<br>ial; Juvenile Assessment Se                                                                                               | itpatient - Individual<br>ervices Substance                               |
| Mental Health Services:                            | •                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Juvenile Services:                                 | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |                                                                           |
| Laffin, Emily                                      | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 87 (402)494-3337                                                                                                                                         |                                                                           |
|                                                    | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Resident<br>Residential Services Outpatient - Individual; Juventensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educations Outpatient - Groups; Adult Non-Residential Services Outpatient outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations; Juvenile Non-Residential Services Intervention/Educations Outpatient outpa | ent - Family; Adult Non-Res<br>tial Services Intensive Outp<br>ducation; Juvenile Non-Resi<br>ces Outpatient - Family; Juv<br>nent; Juvenile Non-Residen | idential Services<br>atient Treatment;<br>dential Services<br>venile Non- |
|                                                    |                                                                                                                                                                                                                                                                                         | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                           |
| Juvenile Services:                                 | including Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                          | -Treatment: General Education Class; Outpatient Therapy - Indivitient Therapy including Family Sessions-Mental Health; Outpatie<br>y Treatment Day Treatment-Mental Health; Assessment: Pre-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Therapy - Co-occurring; I                                                                                                                             | ntensive Outpatien                                                        |
| Other Services:                                    | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Mackling, Jamie                                    | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 87 (402)494-3337                                                                                                                                         | (402)494-3655                                                             |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Educatio<br>ent - Family; Adult Non-Residential Services Outpatient - Individu<br>Services Intensive Outpatient Treatment; Juvenile Assessment Say, Juvenile Non-Residential Services Outpatient - Groups; Juvenindividual; Juvenile Non-Residential Services Outpatient - Co-Oc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ual; Adult Non-Residential S<br>Services Substance Abuse lile Non-Residential Services                                                                   | Services Outpatient<br>Evaluations; Juveni<br>S Outpatient - Famil        |
| Mental Health Services:                            | •                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |                                                                           |
| Roberts, Kristine                                  | Nebraska Mediation Center                                                                                                                                                                                                                                                               | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)753-9415                                                                                                                                            |                                                                           |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| 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<br>Residential Services Outpatient - Groups; Juveni                                   | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ive Outpatient Treatment; Juvenile Assessment Services Substance<br>le Non-Residential Services Outpatient - Individual                                                                                                                                                           | Abuse Evaluations;                                                 | Juvenile Non-                                      |
|                           |                                                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                                                                                                                         |                                                                    |                                                    |
|                           | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient<br>Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring                                                                                                         | ent: Intensive Outpat                                              | tient Therapy-Youth                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                    |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                                                     | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                       | (402)336-2800                                                      |                                                    |
|                           | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment                                                                  | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                               |                                                                    |                                                    |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                    |
| Juvenile Services:        |                                                                                                                                         | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera<br>Co-Occurring                                                                                                                                                                                              |                                                                    |                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                      | oo oodaniig                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                    |
| Yunker, Kimberley         | 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: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education        | raluations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residentia<br>ces Substance Abus<br>on-Residential Servic | l Services Outpatient -<br>e Evaluations; Juvenile |
| Mental Health Services:   |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                    |
| lunganila Campiana        | Non-Treatment: General Education Class                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                    |

| 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; Abrit - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residential  | Services Outpatient - |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                               |                        |                       |
| Other Services:                               | Sliding Fee Scale;                                                                                                |                                                                                                                                                                                                                |                        |                       |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                           | (402)564-9994          | (402)562-6458         |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resi<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>ent Treatment; Adult Residential Services Short Term Residential      |                        |                       |
| Mental Health Services:                       |                                                                                                                   |                                                                                                                                                                                                                |                        |                       |
| Juvenile Services:                            |                                                                                                                   |                                                                                                                                                                                                                |                        |                       |
| 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                                                                   | valuations; Adult Non-Residential Services Intervention/Education; Aes Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential        | - Family; Adult Non-Re | sidential Services    |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                               |                        |                       |
| Juvenile Services:                            |                                                                                                                   |                                                                                                                                                                                                                |                        |                       |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                            |                                                                                                                                                                                                                |                        |                       |
| Dearmont, Melissa                             | Midwest Country Clinic                                                                                            | Box 26 202 East HWY 20 Bassett NB 68714                                                                                                                                                                        | (402)684-2908          | (402)913-3454         |
| Substance Abuse Services:                     |                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual;                                                                       | Adult Non-Residential  | Services Outpatient   |
|                                               | Co-Occurring Treatment; Juvenile Non-Residenti<br>Residential Services Outpatient - Family; Juvenile              | ial Services Intervention/Education; Juvenile Non-Residential Service Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                        |                        |                       |
| Mental Health Services:                       | Co-Occurring Treatment; Juvenile Non-Residenti                                                                    | e Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                                                                                            |                        |                       |
| Juvenile Services:                            | Co-Occurring Treatment; Juvenile Non-Residenti<br>Residential Services Outpatient - Family; Juvenile<br>Treatment | e Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                                                                                            |                        |                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services: Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                                                    | Fax                                                                                                                     |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Frank, Abigail            | Heartland Counseling Services, Inc.                                                                                                                                                                                                            | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)336-2800                                                                                                            | (402)336-2849                                                                                                           |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential vices Intervention/Ed                                                                               | Services Outpatient -                                                                                                   |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                         |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                   | nt Therapy including                                                                                                     | Family Sessions-                                                                                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                         |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)564-9994                                                                                                            | (402)562-6458                                                                                                           |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                                                           | valuations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>tesidential Services Dual Residential (MH/SA); Juvenile Assessment<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juv<br>ial Services Intensive Outpatient Treatment                                                                                                                        | ring Treatment; Adul<br>Services Substance                                                                               | t Non-Residential<br>Abuse Evaluations;                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid)                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                 | ent Therapy - Co-occ                                                                                                     | urring; Assessment:                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                         |
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                               | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)336-3200                                                                                                            | (402)336-3219                                                                                                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                   | raluations; Juvenile Assessment Services Substance Abuse Evaluati                                                                                                                                                                                                                                                                                                                                                                                                   | ons                                                                                                                      |                                                                                                                         |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                         |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-Me                                                                                                                                                                                                 | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Haid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ                                                                                                                                                                                                                                                              | lealth; Outpatient The                                                                                                   |                                                                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                         |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)481-5392                                                                                                            |                                                                                                                         |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpatiens Short Term Residential; Juvenile Assessment Services Substantiale Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | tesidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individual;<br>ilt Residential Services<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services: Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                           | Fax                                                                          |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                                                          | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                                                                                                   |                                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                                                    | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                   |                                                                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie                                                                                                                                                                                             | ssessment Services Substance Abuse Evaluations; Adult Non-Residens; Adult Non-Residential Services Outpatient - Family; Adult Non-lent Treatment; Adult Residential Services Short Term Residential; Jevices Outpatient - Groups; Juvenile Non-Residential Services - Groups - Gr | Residential Services O<br>uvenile Assessment S                                                                                  | utpatient - Individua<br>ervices Substance                                   |
| Mental Health Services:   | ·                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                 | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                                                              |
| Laffin, Emily             | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                               | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                                                   |                                                                              |
|                           | Monitoring SA/MH; Adult Non-Residential Services<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residential<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Family; Adult Non-Res<br>Services Intensive Outp<br>tion; Juvenile Non-Res<br>Outpatient - Family; Ju<br>; Juvenile Non-Resider | sidential Services<br>patient Treatment;<br>idential Services<br>venile Non- |
|                           | 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 Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment-Mental Health; Assessment-Mental Health; Assessment: Pre-Treatment-Mental Health; Assessment: Pre-T | al-Mental Health; Outpa<br>nerapy - Co-occurring;                                                                               | Intensive Outpatier                                                          |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                              |
| Mackling, Jamie           | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                               | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                                                   | (402)494-3655                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Bervices Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Adult Non-Residential sices Substance Abuse on-Residential Service                                                              | Services Outpatient<br>Evaluations; Juven<br>s Outpatient - Fami             |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

| Name                      | Agency                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                                | Fax                                      |
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| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                    | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                          |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                           | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)753-9415                                                                                        |                                          |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                          |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                          |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                      | onflict Mediation; Non-Treatment: Expedited Family Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Conference                                                                                           |                                          |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                          |
| 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/Ed<br>ent - Family; Adult Non-Residential Services Outpatient - Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                          |
| Mental Health Services:   |                                                                                                                                                     | atment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                          |
| 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:   | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                                      | sessment (PTA); Pre-Treatment Assessment (bio-psychoso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ocial); Adults who Sexually Harn                                                                     | n Evaluation                             |
|                           | Mental Health; Community Treatment Aide; Asse                                                                                                       | Outpatient Therapy including Group Sessions-Mental Healtlessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | h; Outpatient Therapy including                                                                      | Family Sessions-                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                          |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                                                                 | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)336-2800                                                                                        |                                          |
| Substance Abuse Services: |                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Ed<br>ent - Family; Adult Non-Residential Services Outpatient - Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                          |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outp<br>Outpatient Therapy including Family Sessions-N<br>Treatment Assessment (Medicaid); Assessment        | oatient Therapy - Individual-Mental Health; Outpatient Ther<br>fental Health; Outpatient Therapy - Eating Disorder; Outpa<br>: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rapy including Group Sessions-Natient Therapy - Co-occurring; As                                     | Mental Health;<br>ssessment: Pre-        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                  | Ç                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                          |
| Yunker, Kimberley         | Heartland Counseling Services, Inc.                                                                                                                 | 917 W 21st St PO Box 355 South Sioux City NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 69887 (402)494-3337                                                                                | (402)494-3356                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenile Assessin; Juvenile Non-Residential Services Outpatient - Groups; andividual; Juvenile Non-Residential Services Outpatient - Outpatient | ndividual; Adult Non-Residential<br>ment Services Substance Abuse<br>Juvenile Non-Residential Servic | Services Outpatien<br>Evaluations; Juver |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                                          | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                  | Phone                                                             | Fax                                                                         |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Andrews, Megan                                | Boys Town                                                                                                                                                                                                                                              | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                               | (308)224-3338                                                     |                                                                             |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Mental Health Services:                       |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Juvenile Services:                            |                                                                                                                                                                                                                                                        | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                                         | Non-Treatment: Fam                                                | ily Support Worker;                                                         |
| Other Services:                               | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Babutzke, Jamie                               | South Central Behavioral Services                                                                                                                                                                                                                      | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                                        | (402)463-5684                                                     | (402)463-5686                                                               |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Activities Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family; |
|                                               | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
|                                               | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                        |                                                                   | Family Sessions-                                                            |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                       | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                     | (402)564-9994                                                     | (402)562-6458                                                               |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                       | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                             |                                                                   |                                                                             |
| Mental Health Services:                       |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Juvenile Services:                            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Bomberger, Molly                              | South Central Behavioral Services                                                                                                                                                                                                                      | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                                        | (308)293-0954                                                     | (308)237-5953                                                               |
| Substance Abuse Services:                     | Family; Adult Non-Residential Services Outpatien<br>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 Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin                                                                           | ing Treatment; Adul<br>Residential Service:                       | t Non-Residential                                                           |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                                                                                                                                                      | on                                                                |                                                                             |
|                                               | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |

| Name                                          | Agency                                                                                      | Address                                                                                                                                                                                                                 | Phone                       | Fax                  |
|-----------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|
| Cervantes, Amanda                             | Mid-Plains Center for Behavioral<br>Healthcare Inc                                          | 124 W. 25th St. Suite B1 Kearney NB 68847                                                                                                                                                                               | (308)379-6536               |                      |
| Substance Abuse Services:                     |                                                                                             |                                                                                                                                                                                                                         |                             |                      |
| Mental Health Services:                       |                                                                                             |                                                                                                                                                                                                                         |                             |                      |
|                                               | Non-Treatment: Day Reporting                                                                |                                                                                                                                                                                                                         |                             |                      |
| Other Services:                               | Sliding Fee Scale;                                                                          |                                                                                                                                                                                                                         |                             |                      |
| Couillard, Mary                               | Mid-Plains Center for Behavioral<br>Healthcare Inc                                          | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                    | (308)380-4695               | (308)385-1105        |
| Substance Abuse Services:                     |                                                                                             |                                                                                                                                                                                                                         |                             |                      |
| Mental Health Services:                       |                                                                                             |                                                                                                                                                                                                                         |                             |                      |
| Juvenile Services:                            | Intensive Outpatient: Intensive Outpatient Th (MSE)                                         | nerapy-Mental Health; Assessment: Pre-Treatment Assessment (N                                                                                                                                                           | Medicaid); Assessment: Mer  | ital Status Exam     |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                      |                                                                                                                                                                                                                         |                             |                      |
| Cox, Sally Marie                              | South Central Behavioral Services                                                           | 724 S Burlington Ave Hastings NB 68901                                                                                                                                                                                  | (402)463-7435               | (402)463-5686        |
| Mental Health Services:<br>Juvenile Services: | Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Intensive | Services Substance Abuse Evaluations; Juvenile Non-Residential Ivenile Non-Residential Services Outpatient - Family; Juvenile Nor Outpatient Treatment  h; Outpatient Therapy including Group Sessions-Mental Health; O | n-Residential Services Outp | atient - Individual; |
| Juverille Jervices.                           |                                                                                             | urring; Assessment: Pre-Treatment Assessment (Medicaid); Asses                                                                                                                                                          |                             |                      |
| Other Services:                               | Sliding Fee Scale;                                                                          |                                                                                                                                                                                                                         |                             |                      |
| EagleFeather Moreno,                          | South Central Behavioral Services                                                           | 616 W 5th St Hastings NB 68901                                                                                                                                                                                          | (402)463-5684               |                      |
| Substance Abuse Services:                     |                                                                                             | e Evaluations; Adult Non-Residential Services Outpatient - Group<br>patient - Individual; Adult Non-Residential Services Intensive Outpa                                                                                |                             | rvices Outpatient -  |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessm                                                   | ·                                                                                                                                                                                                                       | duent freatment             |                      |
| Juvenile Services:                            |                                                                                             | (0.0 p.)                                                                                                                                                                                                                |                             |                      |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                      |                                                                                                                                                                                                                         |                             |                      |
| Florez, Thomas                                | Thomas B Florez                                                                             | 403 Lexington Circle Grand Island NB 68803                                                                                                                                                                              | (308)370-1667               |                      |
| Substance Abuse Services:                     | Individual; Adult Non-Residential Services O                                                | e Evaluations; Adult Non-Residential Services Outpatient - Family utpatient - Co-Occurring Treatment; Juvenile Assessment Service venile Non-Residential Services Outpatient - Individual; Juvenile N                   | s Substance Abuse Evaluat   | ions; Juvenile Non-  |
|                                               |                                                                                             |                                                                                                                                                                                                                         |                             |                      |
| Mental Health Services:                       |                                                                                             | nent (bio-psychosocial); Co-Occurring; Adults who Sexually Harm                                                                                                                                                         | Evaluation                  |                      |
|                                               | Outpatient Therapy; Pre-Treatment Assessm                                                   | h; Outpatient Therapy including Family Sessions-Mental Health; C                                                                                                                                                        |                             | urring; Assessment:  |

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                                  | Phone                                         | Fax                                        |
|---------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|
| Gasper, Jodi              | Boys Town                                                                                            | 13628 Flanagan Blvd Boys Town NB 68010                                                                                                                                                                                                                                                                                                   | (402)498-3343                                 | (402)498-3333                              |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
|                           | Home: Respite Care; Non-Treatment: Family Sur                                                        | <ul> <li>Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Foport Worker; Assessment: Home Assessment (Foster Care Relative</li> </ul>                                                                                                                                                                                         |                                               | ster Care; Out-Of-                         |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                     | (402)564-9994                                 | (402)562-6458                              |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur lesidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juval Services Intensive Outpatient Treatment           | ring Treatment; Adul<br>Services Substance    | t Non-Residential<br>Abuse Evaluations;    |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid)                | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                      | ent Therapy - Co-occ                          | urring; Assessment:                        |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Hansen, Wendy             | Friendship House Inc                                                                                 | 218 S. Rhode Island Ave. Hastings NB 68901                                                                                                                                                                                                                                                                                               | (308)675-3345                                 | (308)675-3342                              |
| Substance Abuse Services: |                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                             |                                               |                                            |
| Mental Health Services:   | Calpation Fromment                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Hargis, Kirsten           | Pathfinder Support Services                                                                          | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                                                                                                                                     | (402)460-9851                                 |                                            |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
|                           |                                                                                                      | eatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Tre                                                                                                                                                                                                                                                                        | eatment: Family Part                          | ner                                        |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |
| Hock, Sarah               | South Central Behavioral Services                                                                    | PO Box 1716 Kearney NB 68848                                                                                                                                                                                                                                                                                                             | (308)237-5951                                 | (308)237-5953                              |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile   | valuations; Adult Non-Residential Services Outpatient - Groups; Adul<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>e Assessment Services Substance Abuse Evaluations; Juvenile Non<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juv<br>ial Services Intensive Outpatient Treatment | ring Treatment; Adul<br>n-Residential Service | t Non-Residential<br>s Outpatient - Groups |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                      | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C                                                                                                                                                                                                                                                                         | Occurring                                     |                                            |
| Juvenile Services:        |                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; /                                                                                                                                                                                              |                                               | Family Sessions-                           |

| Name                       | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                               | Fax                                     |
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|                            | Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                                         |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Holguin-Gutierrez, Valeria | Pathfinder Support Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2720 S Locust St Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)675-1614                                       |                                         |
| Substance Abuse Services:  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Mental Health Services:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Juvenile Services:         | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     |                                         |
| Other Services:            | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Hoyt, David                | Dave Hoyt Counseling LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1917 West Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)627-7061                                       |                                         |
|                            | Individual; Adult Non-Residential Services Outpa<br>Residential Services Outpatient - Family; Juvenil<br>Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Outpatient - Family; Adul<br>tient - Co-Occurring Treatment; Juvenile Assessment Services Sub-<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | stance Abuse Evaluatio                              | ns; Juvenile Non-                       |
| Mental Health Services:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Therapy - Co-occur                              | ring                                    |
| 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:  | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occue Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile N | rring Treatment; Juveni<br>ential Services Outpatie | le Assessment<br>ent - Family; Juvenile |
| Mental Health Services:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Juvenile Services:         | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Therapy - Co-occur                              | ring; Assessment:                       |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Johnson (Aswegan), Betty   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 513 N Grant Suite D Plum Creek Mall Lexington NB 6885                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 (308)440-8054                                     | (308)234-6604                           |
|                            | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Juvenile Assessment So                              | ervices Substance                       |
|                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |
| Juvenile Services:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpatinent Assessment (Medicaid); Assessment: Mental Status Exam (MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |                                         |
|                            | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                         |

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                 | Fax                                                                                                               |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                         |                                                                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Aups; Adult Non-Residential Services Outpatient - Family; Adult Non-Poccurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substate enile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurrie Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Residential Services Catient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services On<br>ng Treatment; Juveni | Outpatient - Individua<br>It Residential Servic<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
| Other Services:           | 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;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
| 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 - Groups; Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | vices Outpatient -                                                                                                |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                                                                                     | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Co-Occurrina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ring i reatment                                                                                                       |                                                                                                                   |
| Juvenile Services:        | (,                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
| Kennedy, Jr., William T.  |                                                                                                                                                                                                                                                                    | 2267 N Webb Rd Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)390-6948                                                                                                         | (308)624-2164                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention Interventio | dult Non-Residential S                                                                                                | Services Outpatient -                                                                                             |
| Montal Hoolth Carriage    | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Therapy; Co-Occurring                                                                                                                                                                                | ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                   |
| Juvenile Services:        | Outpatient Therapy, Co-Occurring                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
|                           | Sharing Fee Socie,                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
| Krejci, Ann               | Stephen Center                                                                                                                                                                                                                                                     | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5453                                                                                                         | (402)715-5452                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                    | raluations; Adult Non-Residential Services Partial Care; Adult Non-R<br>ily; Adult Non-Residential Services Outpatient - Individual; Adult Nor<br>rices Intensive Outpatient Treatment; Adult Residential Services Dua<br>I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -Residential Services                                                                                                 | Outpatient - Co-                                                                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                | Phone                                                                                                                                                  | Fax                                                                              |
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| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                                                               | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                      | (308)284-4491                                                                                                                                          | (308)284-4100                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| Lange, Robyn              | Two Bridges Counseling                                                                                                                                                                                                                                                    | 513 N Grant St Ste 3A Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                               | (308)324-0222                                                                                                                                          | (308)324-0225                                                                    |
|                           | Groups; Adult Non-Residential Services Outpa<br>Outpatient Treatment; Juvenile Assessment S                                                                                                                                                                               | Evaluations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Ind<br>Services Substance Abuse Evaluations; Juvenile Non-Residenti<br>renile Non-Residential Services Outpatient - Family; Juvenile Not<br>Dutpatient Treatment                                                                                                             | ividual; Adult Non-Residential<br>al Services Intervention/Educ                                                                                        | Services Intensive ation; Juvenile Non-                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| 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;                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                                                  |
| •                         | Monty Shultz Counseling and<br>NeuroFeedback                                                                                                                                                                                                                              | 2002 Central Ave Kearney NB 68847-4473                                                                                                                                                                                                                                                                                                                                                                 | (308)708-9379                                                                                                                                          |                                                                                  |
|                           | Monitoring SA/MH; Adult Non-Residential Ser<br>Outpatient - Individual; Adult Non-Residential<br>Juvenile Assessment Services Substance Abo<br>Care Monitoring SA/MH; Juvenile Non-Reside<br>Residential Services Outpatient - Individual; Judensive Outpatient Treatment | Evaluations; Adult Non-Residential Services Intervention/Educ<br>vices Outpatient - Groups; Adult Non-Residential Services Out<br>Services Outpatient - Co-Occurring Treatment; Adult Non-Resi<br>use Evaluations; Juvenile Non-Residential Services Intervention<br>ential Services Outpatient - Groups; Juvenile Non-Residential S<br>uvenile Non-Residential Services Outpatient - Co-Occurring Tre | patient - Family; Adult Non-Redential Services Intensive Oun<br>// Meducation; Juvenile Non-Reducation; Juvenile Non-Redervices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                                                                                                | ent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                  |
|                           |                                                                                                                                                                                                                                                                           | ; Outpatient Therapy including Group Sessions-Mental Health; sorder; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                   | Outpatient Therapy including                                                                                                                           | Family Sessions-                                                                 |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                                                        | ississ, , , ississimoni, , is in the amount, ississimoni, (initialisate)                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |                                                                                  |
| McMinn-Rogers, Kimberly   | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                                        | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                   | (316)651-6080                                                                                                                                          | (308)385-1105                                                                    |

Juvenile Services: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam

(MSF)

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                        | Phone                                                                    | Fax                                                                     |
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| Nichols, Kayla            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                       | (402)261-9273                                                            |                                                                         |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
|                           | Outpatient Therapy - Eating Disorder                                                                                              | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in                                                                                                                                                                                                                                                                           | ncluding Family Sessio                                                   | ns-Mental Health;                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
| Prater, Jackie            | HopeSpoke                                                                                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                            | (402)476-9623                                                           |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
|                           | Assessment: Pre-Treatment Assessment (Medica                                                                                      |                                                                                                                                                                                                                                                                                                                                                | reatment Day Treatmen                                                    | nt-Mental Health;                                                       |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                 | ervices;                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                         |
| Riley, Suzanne            | Suzanne Riley Counseling LLC                                                                                                      | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                       | (308)398-0350                                                            | (308)398-0351                                                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Act - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential<br>vices Substance Abuse<br>Non-Residential Servic | Services Outpatient -<br>Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:   | Connect Carpanent Treatment                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpat<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health<br>ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/K                                                                                                                                     | n; Intensive Outpatient:                                                 | Intensive Outpatient                                                    |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                            |                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                         |
| Rivera, Elia              |                                                                                                                                   | 312 North Elm Street Suite 105 Grand Island NB 68801                                                                                                                                                                                                                                                                                           | (308)383-2208                                                            |                                                                         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                  |                                                                                                                                                                                                                                                                                                                                                | Adult Non-Residential ervices Intervention/Ed                            | Services Outpatient ucation; Juvenile                                   |
|                           |                                                                                                                                   | atient Therapy - Individual-Mental Health; Outpatient Therapy inclu                                                                                                                                                                                                                                                                            | dina Group Sessions M                                                    | Mental Health:                                                          |
| Juvernie Services.        | Outpatient Therapy - Co-occurring                                                                                                 | alient Therapy - individual-iviental Fleatin, Outpatient Therapy inclu                                                                                                                                                                                                                                                                         | uning Group Sessions-i                                                   | nemai meaim,                                                            |

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                             | Phone                                                              | Fax                                                                       |
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| 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                                                             |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>ces Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                           |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                      | ervices;                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                           |
| Schroeder, Ashley         | South Central Behavioral Services                                                                                                                                                                                                                      | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                                                   | (308)237-5951                                                      | (308)237-5953                                                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile                                                                                                                                                     | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment                                 | ring Treatment; Adul<br>-Residential Service:                      | t Non-Residential<br>s Outpatient - Groups;                               |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                           |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                              |                                                                    | Family Sessions-                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | ,,                                                                                                                                                                                                                                                                                                                                                                  | 3                                                                  |                                                                           |
| 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<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr                                                                                                                                                                                                                      |                                                                    |                                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                           |
| Juvenile Services:        | ,                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                           |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                                                                                   | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                                                                                                                                                          | (308)383-1622                                                      |                                                                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment                                                    | dult Non-Residential vices Intervention/Ed                         | Services Outpatient -<br>ducation; Juvenile                               |

| Name                                                                                                                                                                                                                                                 | Agency                                                                                                | Address | Phone | Fax |  |  |  |
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| Mental Health Services:                                                                                                                                                                                                                              | Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring |         |       |     |  |  |  |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring |                                                                                                       |         |       |     |  |  |  |
| Other Services:                                                                                                                                                                                                                                      | Sliding Fee Scale;                                                                                    |         |       |     |  |  |  |

| 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; Aent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residentia   | l Services Outpatient |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment        | t (bio-psychosocial); Co-Occurring                                                                                                                                                                            |                        |                       |
| Other Services:                               | Sliding Fee Scale;                                  |                                                                                                                                                                                                               |                        |                       |
| Barragan, Rosa                                | Pathfinder Support Services                         | 212 East 8 Street Fremont NB 68025                                                                                                                                                                            | (402)721-1414          | (402)721-9251         |
| Substance Abuse Services:                     |                                                     |                                                                                                                                                                                                               |                        |                       |
| Mental Health Services:                       | Out Of Hame: Independent Living: Non-Treatme        | ant: Family Support Worker: Non Treatment: Day Paparting: Non Tr                                                                                                                                              | ootmont: Evoning Bon   | orting                |
|                                               | Bilingual Services;                                 | ent: Family Support Worker; Non-Treatment: Day Reporting; Non-Tr                                                                                                                                              | earment: Evening Rep   | oorung                |
| Other dervices.                               | Dilligual Services,                                 |                                                                                                                                                                                                               |                        |                       |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of<br>Serenity | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                          | (402)564-9994          | (402)562-6458         |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Gro     | Assessment Services Substance Abuse Evaluations; Adult Non-Resi<br>Sups; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>tient Treatment; Adult Residential Services Short Term Residential |                        |                       |
| Mental Health Services:                       |                                                     |                                                                                                                                                                                                               |                        |                       |
| Juvenile Services:                            |                                                     |                                                                                                                                                                                                               |                        |                       |
| Other Services:                               | Sliding Fee Scale;                                  |                                                                                                                                                                                                               |                        |                       |
| Bendy, Laurie                                 |                                                     | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                                               | (402)807-2569          |                       |
| Substance Abuse Services:                     |                                                     | valuations; Adult Non-Residential Services Outpatient - Groups; Adu<br>ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                   |                        | rvices Outpatient -   |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment        | (bio-psychosocial); Co-Occurring                                                                                                                                                                              | •                      |                       |
| Juvenile Services:                            |                                                     |                                                                                                                                                                                                               |                        |                       |
| 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     | valuations; Adult Non-Residential Services Intervention/Education; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential     | - Family; Adult Non-Re | esidential Services   |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment        | t (bio-psychosocial); Co-Occurring                                                                                                                                                                            |                        |                       |
| Juvenile Services:                            |                                                     |                                                                                                                                                                                                               |                        |                       |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;              |                                                                                                                                                                                                               |                        |                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: General Education Class

| Name                                               | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                       | Phone                                         | Fax                                         |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| Cochran, Virginia                                  | Heartland Counseling Services, Inc.                                                                  | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                            | (402)494-3337                                 |                                             |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juval Services Intensive Outpatient Treatment   | ring Treatment; Adul<br>-Residential Service: | t Non-Residential<br>s Outpatient - Groups; |
| Mental Health Services:                            | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                      | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C                                                                                                                                                                                                                                                              | Occurring                                     |                                             |
| Juvenile Services:                                 |                                                                                                      | utpatient Therapy - Co-occurring; Community Treatment Aide; Intens                                                                                                                                                                                                                                                            |                                               | sive Outpatient                             |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                    | nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE ervices;                                                                                                                                                                                                                                                      | =)                                            |                                             |
| Frank, Abigail                                     | Heartland Counseling Services, Inc.                                                                  | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                          | (402)336-2800                                 | (402)336-2849                               |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S     | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment                                                 | dult Non-Residential vices Intervention/Ed    | Services Outpatient -<br>ducation; Juvenile |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                         |                                                                                                                                                                                                                                                                                                                               |                                               |                                             |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Assessment: Co-Occurring                                                                                                                                                                                                                             | nt Therapy including                          | Family Sessions-                            |
| Other Services:                                    | Sliding Fee Scale; Bilingual Services;                                                               |                                                                                                                                                                                                                                                                                                                               |                                               |                                             |
| Grabowski, Karen                                   | Behavioral Health Specialist/Seekers of Serenity                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                          | (402)564-9994                                 | (402)562-6458                               |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juval Services Intensive Outpatient Treatment | ring Treatment; Adul<br>Services Substance    | t Non-Residential<br>Abuse Evaluations;     |
| Mental Health Services:                            |                                                                                                      |                                                                                                                                                                                                                                                                                                                               |                                               |                                             |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid)                 | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                           | nt Therapy - Co-occ                           | urring; Assessment:                         |
| Other Services:                                    | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                               |                                               |                                             |
| Gregory, Nichole                                   |                                                                                                      | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                   | (402)720-1621                                 | (402)753-6445                               |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv    | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Servicele Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                          | dult Non-Residential es Intervention/Educ     | Services Intensive ation; Juvenile Non-     |

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                        | Phone                                         | Fax                                        |
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| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |
| Hallstrom, Debra          |                                                                                                       | 2170 N. Platte Ave. Fremont NB 68025                                                                                                                                                                                                                                                                                                           | (402)720-8220                                 | (402)753-6445                              |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile    | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                         | ng Treatment; Juve<br>dential Services Out    | nile Assessment                            |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                       | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                             | ent Assessment (bio                           | -psychosocial); Co-                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring                                                                                                                                                                                                           | t Therapy including                           | Family Sessions-                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                |                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |
| Hannappel, Mark           | Apex Therapy Service                                                                                  | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                   | (402)851-4026                                 | (402)379-2487                              |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |
| Juverille Services.       | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive lent: Mental Status Exam (MSE); Assessment: Psychological Evaluation | tient: Intensive Outp<br>Outpatient- Eating D | oatienť Therapy-Men<br>Disorder; Assessmen |
| 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<br>Outpatient Treatment; Adult Residential Services   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                          | dult Non-Residential<br>buse Evaluations; J   | Services Intensive uvenile Non-            |
| Juvenile Services:        |                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                   |                                               |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                      | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                             | (402)685-4130                                 | (402)685-4132                              |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                       | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych                                                                                                                                                                                                                                                                              | nological Evaluation                          |                                            |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Posment: Posychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                  | e-Treatment Assess                            | sment (Medicaid);                          |

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                                                                            | Fax                                                                                                  |
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| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)481-5392                                                                                                                    |                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ad ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services Out<br>tient Treatment; Adult I<br>ce Abuse Evaluations;<br>sidential Services Outp<br>g Treatment; Juvenile | tpatient - Individua<br>Residential Service<br>Juvenile Non-<br>patient - Family;<br>Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)429-1050                                                                                                                    |                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                      |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                   | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)370-3140                                                                                                                    |                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpatie                                                                                                                                                                 | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpat                                                                                                                                                                                                            | esidential Services Out<br>venile Assessment Se                                                                                  | tpatient - Individual<br>rvices Substance                                                            |
| Mental Health Services:   | ·                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                      |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                  | rvices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                      |
| Laffin, Emily             | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)494-3337                                                                                                                    |                                                                                                      |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                                                            | aluations; Adult Non-Residential Services Intervention/Education; Adust Solution (Solution) as Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                         | Family; Adult Non-Residervices Intensive Outpa<br>on; Juvenile Non-Residutes<br>outpatient - Family; Juv                         | dential Services<br>atient Treatment;<br>dential Services<br>enile Non-                              |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                                    | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C                                                                                                                                                                                                                                                                                                                                                                                                                         | ccurring                                                                                                                         |                                                                                                      |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                   | Treatment: General Education Class; Outpatient Therapy - Individual<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Treatment Day Treatment-Mental Health; Assessment: Pre-                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                      |

| Name                                                                   | Agency                                                                                                                                                                                                                                                                                                 | Add                                                                                                          | dress                                                                                                 | Phone                                                                 | Fax                                                                   |
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|                                                                        | Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Other Services:                                                        | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Lembke, Brenda                                                         |                                                                                                                                                                                                                                                                                                        | 2170 N Platte Ave Fremont                                                                                    | NB 68025                                                                                              | (402)753-7556                                                         |                                                                       |
| Substance Abuse Services:                                              | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Outpatient - Individual; Juve                                                                                                 | nt - Individual; Adult Non-Residentidential Services Intervention/Edu                                        | tial Services Intensive Outpatient cation; Juvenile Non-Residential S                                 | Treatment; Juvenile A                                                 | Assessment Services                                                   |
| Mental Health Services:                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Juvenile Services:                                                     |                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Mackling, Jamie                                                        | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                                    | 917 W 21st St PO Box 355                                                                                     | South Sioux City NB 69887                                                                             | (402)494-3337                                                         | (402)494-3655                                                         |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | nt - Family; Adult Non-Residential<br>Services Intensive Outpatient Trea<br>Juvenile Non-Residential Service | Services Outpatient - Individual; Atment; Juvenile Assessment Servis Outpatient - Groups; Juvenile No | Adult Non-Residential<br>ices Substance Abus<br>on-Residential Servic | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
| Other Services:                                                        | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                      | ervices;                                                                                                     |                                                                                                       |                                                                       |                                                                       |
| Mousel, Allison                                                        | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                                    | 917 W 21st St PO Box 355                                                                                     | South Sioux City NB 69887                                                                             | (402)494-3337                                                         |                                                                       |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service<br>Intensive Outpatient Treatment                                                                                                                                                                      |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Other Services:                                                        | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                      | ervices;                                                                                                     |                                                                                                       |                                                                       |                                                                       |
| Neve, Robert                                                           | The Clearview Center, Inc.                                                                                                                                                                                                                                                                             | 4913 Underwood Ave Omah                                                                                      | na NB 68132                                                                                           | (402)612-2516                                                         | (402)614-5447                                                         |
| Substance Abuse Services:                                              | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser                                                                                                                                                  | es Outpatient - Groups; Adult Non-                                                                           | -Residential Services Outpatient -                                                                    | Family; Adult Non-Re                                                  | esidential Services                                                   |
| Mental Health Services:                                                | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                           | (bio-psychosocial)                                                                                           |                                                                                                       |                                                                       |                                                                       |
| Juvenile Services:                                                     |                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                       |                                                                       |                                                                       |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                       |                                                                       |                                                                       |

| 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<br>Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment                                                                                                                                                                                                                                |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
| Mental Health Services:<br>Juvenile Services:        | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                      |                                                                                                                                                  |                                                                                                  |                                                                                                   |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
| Roberts, Kristine                                    | Nebraska Mediation Center                                                                                                                                                                                                                                                                                                                              | 435 N Park, 4th Floor Fremo                                                                                                                           | ont NB 68025                                                                                                                                     | (402)753-9415                                                                                    |                                                                                                   |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
|                                                      | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                                                                                                                                                                         | nflict Mediation: Non-Treatment: F                                                                                                                    | vnedited Family Group Conference                                                                                                                 | 0                                                                                                |                                                                                                   |
|                                                      | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                 | milici Mediation, Non-meatment. L                                                                                                                     | Apedited I arrilly Group Conference                                                                                                              | C                                                                                                |                                                                                                   |
| Magnar Aliaia                                        | Pohavioral Health Specialist/Seekers of                                                                                                                                                                                                                                                                                                                | 900 W Norfolk Ave Ste 200                                                                                                                             | Norfall, ND 69701                                                                                                                                | (402)270 2440                                                                                    |                                                                                                   |
| Wagner, Alicia                                       | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                    | 900 W Norioik Ave Ste 200                                                                                                                             | INUTION IND 66701                                                                                                                                | (402)370-3140                                                                                    |                                                                                                   |
|                                                      | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment<br>Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential<br>Services Intensive Outpatient Trea<br>; Juvenile Non-Residential Service<br>adividual; Juvenile Non-Residentia | Services Outpatient - Individual; A<br>tment; Juvenile Assessment Servi<br>s Outpatient - Groups; Juvenile No                                    | dult Non-Residential<br>ces Substance Abus<br>on-Residential Servic                              | Services Outpatient<br>e Evaluations; Juven<br>es Outpatient - Fami                               |
| Juvenile Services:                                   | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                  |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
| Woslager, Tammy                                      | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                       | 900 W Norfolk Ave Ste 200                                                                                                                             | Norfolk NB 68701                                                                                                                                 | (402)370-3140                                                                                    |                                                                                                   |
| Substance Abuse Services:                            | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - C                                                                   | ips; Adult Non-Residential Service<br>Occurring Treatment; Adult Non-Re<br>rvices Substance Abuse Evaluatic<br>le Non-Residential Services Outpa      | s Outpatient - Family; Adult Non-Residential Services Intensive Outpains; Juvenile Non-Residential Servitient - Family; Juvenile Non-Residential | esidential Services (<br>atient Treatment; Adu<br>ices Intervention/Edu<br>ential Services Outpa | Outpatient - Individua<br>It Residential Service<br>Ication; Juvenile Non<br>atient - Individual; |
| Mental Health Services:                              |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
| Juvenile Services:                                   | Non-Treatment: Anger Management Class; Outp                                                                                                                                                                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |
|                                                      | Outpatient Therapy including Family Sessions-Mealth; Intensive Outpatient: Intensive Outpatient                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                                                                                                                                  |                                                                                                  |                                                                                                   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                  | Phone                                                          | Fax                                        |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|
| Yunker, Kimberley         | 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: | Groups; Adult Non-Residential Services Outpatiel<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abusen-Residential Servic | Services Outpatient<br>Evaluations; Juveni |
| Mental Health Services:   | Non-Treatment: General Education Class                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                            |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                          | Address                                                                                                                                                                                                            | Phone                  | Fax             |
|---------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Andrews, Megan            | Boys Town                                                       | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                         | (308)224-3338          |                 |
| Substance Abuse Services: |                                                                 |                                                                                                                                                                                                                    |                        |                 |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                    |                        |                 |
| Juvenile Services:        |                                                                 | Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                     | Ion-Treatment: Family  | Support Worker; |
| Other Services:           | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services; |                                                                                                                                                                                                                    |                        |                 |
| Other Services.           | Billingual Services,                                            |                                                                                                                                                                                                                    |                        |                 |
| Austen, Robin             | Region V Systems-Behavioral Health                              | 1645 N Street Lincoln NB 68508                                                                                                                                                                                     | (402)471-4326          |                 |
|                           | Authority                                                       |                                                                                                                                                                                                                    |                        |                 |
| Substance Abuse Services: |                                                                 |                                                                                                                                                                                                                    |                        |                 |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                    |                        |                 |
|                           | Non-Treatment: Professional Partner                             |                                                                                                                                                                                                                    |                        |                 |
| Other Services:           | Sliding Fee Scale;                                              |                                                                                                                                                                                                                    |                        |                 |
| Camacho, Diana            | Good Life Counseling & Support                                  | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                            | (402)371-3044          |                 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien                | aluations; Adult Non-Residential Services Intervention/Education; Adu<br>t - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile Non-R | •               |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                    |                        |                 |
| Juvenile Services:        | Non-Treatment: Family Support Worker                            |                                                                                                                                                                                                                    |                        |                 |
| Other Services:           | Bilingual Services;                                             |                                                                                                                                                                                                                    |                        |                 |
| Dirks, Tamara             | Alcohol & Drug Solutions                                        | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                    | (402)461-4960          |                 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                 | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se       | amily; Adult Non-Resid | ential Services |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                |                                                                                                                                                                                                                    |                        |                 |
| Juvenile Services:        | ,                                                               |                                                                                                                                                                                                                    |                        |                 |
| Other Services:           | Sliding Fee Scale;                                              |                                                                                                                                                                                                                    |                        |                 |
| Doehling, Raechel         | Houses of Hope                                                  | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                | (402)435-3165          |                 |
| Substance Abuse Services: | Adult Residential Services Halfway-House                        |                                                                                                                                                                                                                    |                        |                 |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                    |                        |                 |
|                           |                                                                 |                                                                                                                                                                                                                    |                        |                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                      | Phone                                                                  | Fax                                                               |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|
| Elnour, Safaa             | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                    | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                     | (319)594-4183                                                          |                                                                   |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; In                                                                                                     | ntensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Other Services:           | Bilingual Services;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| George, Timothy           | Adjudicated Youth Services                                                                                                                            | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                | (402)812-6849                                                          |                                                                   |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
|                           | Reporting; Non-Treatment: Evening Reporting; Non-Treatment Program; Non-Treatme                                                                       | eatment: Tracker (Except Douglas County); Non-Treatment: Supervi<br>Non-Treatment: Anger Management Class; Non-Treatment: General<br>nt: Family Partner                                                                                                                                                                                      |                                                                        |                                                                   |
| Other Services:           | Bilingual Services;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                         | (402)564-9994                                                          | (402)562-6458                                                     |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpaties<br>Services Intensive Outpatient Treatment; Adult I                                                  | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Individual; Adult Non-Residential Services Outpatient - Co-Occu<br>Residential Services Dual Residential (MH/SA); Juvenile Assessmen<br>Family; Juvenile Non-Residential Services Outpatient - Individual; Jur<br>tial Services Intensive Outpatient Treatment | rring Treatment; Adul<br>t Services Substance                          | t Non-Residential Abuse Evaluation                                |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
|                           | Outpatient Therapy - Individual-Mental Health; C<br>Pre-Treatment Assessment (Medicaid)                                                               | Outpatient Therapy including Family Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                          | ent Therapy - Co-occ                                                   | urring; Assessmen                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Hahn, Maria               | Good Life Counseling & Support                                                                                                                        | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                              | (402)270-7781                                                          | (402)562-4001                                                     |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                  |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Other Services:           | Bilingual Services;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                   |
| Johnson, Jill             | Bryan Independence Center                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                          |                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser | valuations; Adult Non-Residential Services Intervention/Education; A ups; Adult Non-Residential Services Outpatient - Family; Adult Non-I Occurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term                                                                                                                | Residential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluatio | Outpatient - Individ<br>ult Residential Serv<br>ns; Juvenile Non- |

Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential

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

Mental Health Services:

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Outpatient Therapy - Eating Disorder

| Name                                               | Agency                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                         | Fax                                                                    |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Juvenile Services:                                 |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                | ·                                                                                             |                                                                        |
| Other Services:                                    | Bilingual Services;                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Jones, James                                       | Community Justice Center                                                                                                                     | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                                                                 |                                                                        |
| Substance Abuse Services:                          |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Mental Health Services:                            | Outpatient Therapy                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Juvenile Services:                                 | Non-Treatment: Day Reporting; Non-Treatme                                                                                                    | ent: General Education Class                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Kiuntke, Jean                                      | Discovery Counseling, LLC                                                                                                                    | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                                                                                                  | (402)606-3084                                                                                 | (402)606-4693                                                          |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outp                                                                                                  | e Evaluations; Adult Non-Residential Services Intervention/Educa<br>patient - Individual; Juvenile Assessment Services Substance Ab<br>ntial Services Outpatient - Groups; Juvenile Non-Residential Ser                                                                                                                                        | use Evaluations; Juvenile No                                                                  |                                                                        |
| Mental Health Services:                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Juvenile Services:                                 |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Other Services:                                    | Sliding Fee Scale; Bilingual 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 - C<br>Adult Non-Residential Services Intensive Out<br>Abuse Evaluations; Juvenile Non-Residential | Ilt Assessment Services Substance Abuse Evaluations; Adult No<br>Groups; Adult Non-Residential Services Outpatient - Family; Adu<br>tpatient Treatment; Adult Residential Services Short Term Reside<br>I Services Intervention/Education; Juvenile Non-Residential Serv<br>tesidential Services Outpatient - Individual; Juvenile Non-Residen | It Non-Residential Services (<br>ential; Juvenile Assessment<br>ices Outpatient - Groups; Juv | Outpatient - Individual<br>Services Substance<br>venile Non-Residentia |
| Mental Health Services:                            | Outpatient Therapy; Co-Occurring                                                                                                             |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Juvenile Services:                                 |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Martin, Kelly                                      | Touchstone                                                                                                                                   | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                     | (402)474-4343                                                                                 | (402)474-6957                                                          |
| Substance Abuse Services:  Mental Health Services: | Adult Residential Services Short Term Residential                                                                                            | ential                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                        |
| Juvenile Services:                                 |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
|                                                    | Sliding Fee Scale;                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Nichols, Kayla                                     | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                           | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                       | (402)261-9273                                                                                 |                                                                        |
| Substance Abuse Services:                          |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
| Mental Health Services:                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |

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

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                | Phone                                                               | Fax                                                               |
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| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                        | ,                                                                   |                                                                   |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                            | (402)488-0077                                                       | (402)488-0017                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                   |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                                                                                                                                                                                       | aluation; Psychologi                                                | cal Evaluation                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                   |
| Prater, Jackie            | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                             | (402)475-7666                                                       | (402)476-9623                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                   |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Of Assessment: Pre-Treatment Assessment (Medical Medical Medica | utpatient Therapy including Family Sessions-Mental Health; Day Trea<br>aid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                      | atment Day Treatme                                                  | nt-Mental Health;                                                 |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ervices;                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                   |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                     | (417)413-0085                                                       | (308)832-4844                                                     |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                           | Abuse Evaluations;                                                  | Juvenile Non-                                                     |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring                                                                                                            | ent: Intensive Outpat                                               | tient Therapy-Youth                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                   |
| Threats, Deb              | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                             | (402)261-6667                                                       | (402)261-6526                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                            | lult Non-Residential                                                | Services Outpatient -                                             |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Taniny, Nauk Hon Hooldonial Corricce Calpation. Individual                                                                                                                                                                                                                                                                                             |                                                                     |                                                                   |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Actes Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re<br>ervices Substance Al<br>venile Non-Resident | esidential Services<br>ouse Evaluations;<br>ial Services Outpatie |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asso<br>Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                      | ent Assessment (bio                                                 | -psychosocial); Co-                                               |

| Name                                               | Agency                                                                                                                                                                                                                                                                                                |                                                                                                     | Address                                                                                                                                                                                           | Phone                                                                                         | Fax                                                                                                    |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Juvenile Services:                                 | Non-Treatment: Anger Management Class; Non-Tincluding Group Sessions-Mental Health; Outpatie Treatment Assessment (Medicaid); Assessment:                                                                                                                                                             | ent Therapy including I                                                                             |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                    | <u> </u>                                                                                            |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Walton, Robert                                     | Phoenix House                                                                                                                                                                                                                                                                                         | 1571 23rd Ave Co                                                                                    | lumbus NB 68601                                                                                                                                                                                   | (402)841-3791                                                                                 | (402)302-1001                                                                                          |
| Substance Abuse Services:  Mental Health Services: | Adult Assessment Services Substance Abuse Eva<br>Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment So<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - Co<br>Outpatient Therapy                    | nt - Family; Adult Non-<br>ervices Substance Abu<br>uvenile Non-Residentia                          | Residential Services Outpatient - Individual; A<br>use Evaluations; Juvenile Non-Residential Ser<br>I Services Outpatient - Family; Juvenile Non-F                                                | dult Non-Residential vices Intervention/Ed                                                    | Services Outpatient - ducation; Juvenile                                                               |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Weber, Kristi                                      | Nebraska Mental Health Centers                                                                                                                                                                                                                                                                        | 4545 S 86th St Lir                                                                                  | ncoln NB 68520                                                                                                                                                                                    | (402)759-3802                                                                                 | (402)759-3803                                                                                          |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; As Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                                                                        |                                                                                                     | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                           | tpatient Psychiatric E                                                                        | Evaluation;                                                                                            |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| White, Nichole                                     | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                         | 1123 N 9th St                                                                                       | Beatrice NB 68310                                                                                                                                                                                 | (402)228-3386                                                                                 |                                                                                                        |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abuse Eva<br>Groups; Adult Non-Residential Services Outpatien                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                                                                                   | lult Non-Residential                                                                          | Services Outpatient -                                                                                  |
| Mental Health Services:                            | , ,                                                                                                                                                                                                                                                                                                   | • •                                                                                                 | ·                                                                                                                                                                                                 |                                                                                               |                                                                                                        |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Woslager, Tammy                                    | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                      | 900 W Norfolk Ave                                                                                   | Ste 200 Norfolk NB 68701                                                                                                                                                                          | (402)370-3140                                                                                 |                                                                                                        |
| Substance Abuse Services:                          | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Ser Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co | ips; Adult Non-Residen<br>Occurring Treatment; A<br>rvices Substance Abus<br>le Non-Residential Ser | tial Services Outpatient - Family; Adult Non-R<br>dult Non-Residential Services Intensive Outpa<br>te Evaluations; Juvenile Non-Residential Serv<br>vices Outpatient - Family; Juvenile Non-Resid | esidential Services (<br>itient Treatment; Adulices Intervention/Edu<br>ential Services Outpa | Outpatient - Individual;<br>ult Residential Services<br>ucation; Juvenile Non-<br>atient - Individual; |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                                                                                                                                   |                                                                                               |                                                                                                        |
| Juvenile Services:                                 | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Health; Intensive Outpatient: Intensive Outpatient                                                                                                                                                             | ental Health; Outpatien                                                                             | t Therapy - Co-occurring; Intensive Outpatien                                                                                                                                                     | t: Intensive Outpatier                                                                        | nt Therapy-Mental                                                                                      |
| 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: |                                                                                              | Evaluations; Adult Non-Residential Services Outpatient - Grouptient - Individual; Adult Non-Residential Services Outpatient - Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Mental Health Services:   |                                                                                              | reatment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Juvenile Services:        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Other Services:           | Sliding Fee Scale;                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Ballard, David            | Infinite Avenues Counseling                                                                  | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (531)301-7817                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)885-7596                           |
| Substance Abuse Services: |                                                                                              | Evaluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individual Control of the Control | The state of the s | •                                       |
| Mental Health Services:   | ·                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Juvenile Services:        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Other Services:           | Sliding Fee Scale;                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Birkland, Jordan          | Capstone Behavioral Health                                                                   | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)727-4288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| 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; Hearing Impaired;                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Bonebright, Lori          | Recovery Center                                                                              | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)742-9616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)742-9116                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa<br>Outpatient Treatment; Juvenile Assessment Se | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indivervices Substance Abuse Evaluations; Juvenile Non-Residential enile Non-Residential Services Outpatient - Family; Juvenile Not outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | vidual; Adult Non-Residentia<br>Il Services Intervention/Educ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment                                                  | nt: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Other Services:           | Sliding Fee Scale;                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 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 Outpa<br>Co-Occurring Treatment; Juvenile Assessmen   | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indivit Services Substance Abuse Evaluations; Juvenile Non-Resident; Juvenile Non-Residential Services Outpatient - Family; Juvenil - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | vidual; Adult Non-Residentia<br>ntial Services Intervention/Ed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Services Outpatient ducation; Juvenile  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment A Occurring                                       | ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -Treatment Assessment (bio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -psychosocial); Co-                     |
| Invenile Services:        | 3                                                                                            | Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -occurring: Assessment: Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Treatment                               |
| davernie dervices.        | Assessment (Medicaid); Assessment: Mental S                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | occurring, Accessment. 1 Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - Heatment                              |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Sliding Fee Scale;

| 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;                                                                                 |                                                                                                                                                                                                                                                                                        |                                                  |                 |
| Boryca, Kenneth           | Nebraska Urban Indian Health Inc                                                                   | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                       | (402)346-0902                                    |                 |
|                           |                                                                                                    | valuations; Adult Non-Residential Services Intervention/Education; Aent - Family; Adult Non-Residential Services Outpatient - Individual; Aervices Intensive Outpatient Treatment                                                                                                      |                                                  |                 |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                        |                                                  |                 |
| Juvenile Services:        | 0                                                                                                  |                                                                                                                                                                                                                                                                                        |                                                  |                 |
| 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 Pa                                                     | valuations; Adult Non-Residential Services Intervention/Education; A<br>artial Care; Adult Non-Residential Services Outpatient - Groups; Adul<br>ent - Individual; Adult Non-Residential Services Intensive Outpatient T                                                               | t Non-Residential Ser                            |                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                       |                                                  |                 |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                        |                                                  |                 |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                        |                                                  |                 |
| Chohon, Allen             | Alegent Health                                                                                     | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                      | (402)758-5883                                    | (402)758-5855   |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie<br>Services Substance Abuse Evaluations; Juvenile  | valuations; Adult Non-Residential Services Outpatient - Groups; Adult rt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | rring Treatment; Juver<br>ential Services Outpat | nile Assessment |
| Mental Health Services:   | Crisis Phone Line; Emergency Medical Health E                                                      | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psyc                                                                                                                                                                                                                      | hosocial); Co-Occurrir                           | ng              |
| Juvenile Services:        | <i>5 ,</i>                                                                                         |                                                                                                                                                                                                                                                                                        | •                                                | -               |
| 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: |                                                                                                    | valuations; Adult Residential Services Dual Residential (MH/SA); Adu                                                                                                                                                                                                                   | ult Residential Service                          | s Extended      |
| Mental Health Services:   | Residential; Adult Residential Services Short Te<br>Pre-Treatment Assessment (bio-psychosocial); ( |                                                                                                                                                                                                                                                                                        |                                                  |                 |
|                           | ` ' '                                                                                              | -                                                                                                                                                                                                                                                                                      |                                                  |                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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<br>Outpatient Treatment; Juvenile Assessment Serv                                                        | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>vices Substance Abuse Evaluations; Juvenile Non-Residential Servic<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment                                                          | Adult Non-Residential<br>ces Intervention/Educa                          | Services Intensive ation; Juvenile Non-                   |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
|                           | Non-Treatment: Employment Placement Progran                                                                                                              | eatment: Day Reporting; Non-Treatment: Anger Management Class; n; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                       | Non-Treatment: Gene                                                      | eral Education Clas                                       |
| 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;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
| Dirks, Tamara             | Nebraska Urban Indian Health Inc                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                      | (402)346-0902                                                            | (402)342-5290                                             |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>s Short Term Residential; Juvenile Assessment Services Substance<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Transition | Adult Non-Residential<br>Abuse Evaluations; Ju<br>esidential Services Ou | Services Intensive<br>Ivenile Non-<br>Itpatient - Family; |
| Mental Health Services:   | Short renn Residential                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
| Earley, Morgan            | Morgan Earley LLC                                                                                                                                        | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128                                                                                                                                                                                                                                                                                                                   | (402)302-0353                                                            |                                                           |
|                           | Co-Occurring Treatment; Juvenile Assessment S<br>Residential Services Outpatient - Co-Occurring T                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Assessi                                                                                                                                                                                                                                                                                                    | ment: Pre-Treatment A                                                    | Assessment                                                |
|                           |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                           |

Mental Health Services:

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health

Other Services: Bilingual Services;

| Name                                          | Agency                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                         | Fax                                                               |
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| Gaines, Denise                                | Carole's House of Hope                                                                                                                             | 7815 Harney St Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)991-4673                                                                                 | (402)596-1768                                                     |
| Substance Abuse Services:                     |                                                                                                                                                    | valuations; Adult Non-Residential Services Intervention/Educ<br>ient - Individual; Adult Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | Services Outpatient -                                             |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessmen                                                                                                        | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                   |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
| George, Timothy                               | Adjudicated Youth Services                                                                                                                         | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)812-6849                                                                                 |                                                                   |
| Substance Abuse Services:                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
| Mental Health Services:                       |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
|                                               | Reporting; Non-Treatment: Evening Reporting;<br>Employment Placement Program; Non-Treatme                                                          | reatment: Tracker (Except Douglas County); Non-Treatment: S<br>Non-Treatment: Anger Management Class; Non-Treatment: G<br>ent: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                   |
| Other Services:                               | Bilingual Services;                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
| Giles, Nicholas                               | Counseling Affiliates of Nebraska                                                                                                                  | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                                                                 | (402)488-0017                                                     |
| Substance Abuse Services:                     |                                                                                                                                                    | valuations; Adult Non-Residential Services Intervention/Educ<br>ient - Family; Adult Non-Residential Services Outpatient - Indi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                             |                                                                   |
| Mental Health Services:                       | 3                                                                                                                                                  | r-Treatment Assessment (bio-psychosocial); Co-Occurring; Ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dults who Sexually Harm Eva                                                                   | luation; Psychologica                                             |
| Juvenile Services:                            | Mental Health; Outpatient Therapy - Youth Who<br>Health; Intensive Outpatient: Intensive Outpatie                                                  | Outpatient Therapy including Group Sessions-Mental Health; of Sexually Harm; Outpatient Therapy - Co-occurring; Intensive on Therapy-Youth Who Sexually Harm; Intensive Outpatient: I caid); Assessment: Mental Status Exam (MSE); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Outpatient: Intensive Outpatensive Outpatentient Therapy-                                     | ient Therapy-Mental<br>Co-occurring;                              |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
| Good, Katie                                   | Lutheran Family Services of NE Inc                                                                                                                 | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)595-1338                                                                                 |                                                                   |
| Substance Abuse Services:                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
| Mental Health Services:                       |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                   |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who                                                                      | Outpatient Therapy including Group Sessions-Mental Health;  Sexually Harm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Outpatient Therapy including                                                                  | Family Sessions-                                                  |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                                   |
| Hall, John                                    | Complete Family Treatment Services                                                                                                                 | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)325-1290                                                                                 |                                                                   |
|                                               | Groups; Adult Non-Residential Services Outpati<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Eduction - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessmen; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Control - | vidual; Adult Non-Residential<br>ent Services Substance Abus<br>venile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                            | Phone                                                                             | Fax                                      |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|
| Juvenile Services:        |                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Og; Assessment: Pre-Treatment Assessment (Medicaid); Asses                                                                                                                                                                                               |                                                                                   | Family 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                                                         | raluations; Adult Non-Residential Services Outpatient - Group:<br>nt - Individual; Adult Non-Residential Services Outpatient - Co<br>Non-Residential Services Outpatient - Groups; Juvenile Non-<br>Juvenile Non-Residential Services Outpatient - Co-Occurring                                                    | <ul> <li>Occurring Treatment; Juve<br/>Residential Services Outpa</li> </ul>      | nile Assessment<br>tient - Family; Juven |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                   |                                                                                   |                                          |
|                           | Outpatient Therapy - Individual-Mental Health; O<br>Outpatient: Intensive Outpatient Therapy-Co-occ<br>Assessment: Co-Occurring<br>Sliding Fee Scale;   | utpatient Therapy including Family Sessions-Mental Health; C<br>urring; Assessment: Pre-Treatment Assessment (Medicaid); A                                                                                                                                                                                         | utpatient Therapy - Co-occ<br>ssessment: Mental Status                            | urring; Intensive<br>Exam (MSE);         |
| 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;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                          |
| Hatcher, Julie            | Alegent Health                                                                                                                                          | 16909 Lakeside Hills Court Ste 400 Omaha NB 6813                                                                                                                                                                                                                                                                   | 0 (402)758-5884                                                                   |                                          |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile<br>Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Educarnt - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Intervention/Education; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Ce Residential Services Therapeutic Community or Therapeutic | Occurring Treatment; Juve on-Residential Services Out Occurring Treatment; Juveni | nile Assessment<br>patient - Family;     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | (bio-psychosocial)                                                                                                                                                                                                                                                                                                 |                                                                                   |                                          |
| Juvenile Services:        |                                                                                                                                                         | utpatient Therapy including Family Sessions-Mental Health; C<br>urring; Therapeutic Group Home-Co-Occurring; Assessment:                                                                                                                                                                                           |                                                                                   |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                          |
| Hernandez, Tanya          | Nebraska Family Foundation                                                                                                                              | 3511 Pine Street Omaha NB 68105                                                                                                                                                                                                                                                                                    | (402)578-5044                                                                     |                                          |

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Day Reporting; Non-Treatment: Family Partner

Other Services: Bilingual Services;

Mental Health 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 Commun Residential                                                                                                                                                                        | ity; Juvenile Residential Services Halfway-House or SA Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Home; Juvenile Residential                                                                                                                           | Services Short Term                                                                                              |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                                                   | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                  |
|                           |                                                                                                                                                                                                                                  | sment: Pre-Treatment Assessment (Medicaid); Assessment: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o-Occurring                                                                                                                                          |                                                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                  |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                        | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                                        |                                                                                                                  |
| Substance Abuse Services. | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Family; Adult Noccurring Treatment; Adult Non-Residential Services Intensive vices Short Term Residential; Juvenile Assessment Services Stenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Octe Non-Residential Services Partial Care; Juvenile Residential Services Partial Care;  | Non-Residential Services O<br>Outpatient Treatment; Adul<br>ubstance Abuse Evaluation<br>lon-Residential Services Ou<br>ccurring Treatment; Juvenile | utpatient - Individual;<br>t Residential Service<br>s; Juvenile Non-<br>ttpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                  |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                             | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)261-6667                                                                                                                                        | (402)261-6526                                                                                                    |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential                                                                         | valuations; Adult Non-Residential Services Outpatient - Groups;<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-<br>e Assessment Services Substance Abuse Evaluations; Juvenila<br>Services Outpatient - Groups; Juvenile Non-Residential Services<br>esidential Services Outpatient - Co-Occurring Treatment; Juven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Occurring Treatment; Adult<br>e Non-Residential Services<br>ces Outpatient - Family; Juv                                                             | Non-Residential enile Non-Residentia                                                                             |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                 | utpatient Therapy including Group Sessions-Mental Health; Oug; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health Assessment (Medicaid); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ealth; Intensive Outpatient:                                                                                                                         | Intensive Outpatient                                                                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                  |
| Kimmerling, Katherine     | The Bridge Behavioral Health Inc                                                                                                                                                                                                 | 721 K St. Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)477-3951                                                                                                                                        | (402)477-3922                                                                                                    |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                                                 | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual - In | lual; Adult Non-Residential<br>Services Substance Abuse<br>nile Non-Residential Service                                                              | Services Outpatient -<br>Evaluations; Juveniles Outpatient - Family                                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                  |
| 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                                                                    |
|                                             | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juve<br>SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occu | dult Non-Residential<br>rual Residential (MH<br>Ion-Residential Serv<br>r; Juvenile Non-Resi | Services Outpatient -<br>/SA); Adult<br>ices Care Monitoring<br>dential Services |
|                                             | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
|                                             |                                                                                                                                                                                                                                                                 | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                  |
| Other Services:                             | Sliding Fee Scale;                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Konen, Michele                              | Transition Recovery Center Evaluations                                                                                                                                                                                                                          | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)813-3605                                                                                |                                                                                  |
| Mental Health Services:  Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fixices Substance Abuse Evaluations; Juvenile Non-Residential Services Penile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | amily; Adult Non-Re                                                                          | sidential Services ation; Juvenile Non-                                          |
|                                             | Sliding Fee Scale:                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Krejci, Ann                                 | Stephen Center                                                                                                                                                                                                                                                  | 5217 S 28th St. Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)715-5453                                                                                | (402)715-5452                                                                    |
|                                             | •                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                            | ,                                                                                |
|                                             | Adult Non-Residential Services Outpatient - Fami<br>Occurring Treatment; Adult Non-Residential Serv<br>Services Extended Residential; Adult Residential                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Residential Services                                                                         | Outpatient - Co-                                                                 |
| Mental Health Services:                     | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                  |
| Juvenile Services:                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Other Services:                             | Sliding Fee Scale;                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Liester, Courtney                           | Courtney Liester LLC                                                                                                                                                                                                                                            | 7905 L St Suite 410 Omaha NB 68127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)577-0173                                                                                |                                                                                  |
|                                             |                                                                                                                                                                                                                                                                 | aluations; Adult Non-Residential Services Outpatient - Family; Adult None Abuse Evaluations; Juvenile Non-Residential Services Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                  |
|                                             |                                                                                                                                                                                                                                                                 | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therany Co. coo                                                                           | ırrina: Accessment:                                                              |
|                                             | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale;                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | п тпетару - Со-оссі                                                                          | ining, Assessinent.                                                              |
| Other Services.                             | Siluriy ree Scale;                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                 | Phone                                                              | Fax                                                                     |
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| McCaghy, Peggy            | Capstone Behavioral Health                                                                                                                                                                                                                             | 1941 S. 42nd St. STE 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                 | (402)614-8444                                                      | (402)614-8443                                                           |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | (bio-psychosocial); Psychological Evaluation                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                         |
|                           | (Medicaid); Assessment: Mental Status Exam (M                                                                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Assessm<br>SE); Assessment: Psychological Evaluation                                                                                                                                                                                                                                         | ent: Pre-Treatment                                                 | Assessment                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| Mcclure, Gina             | Halo Counseling Center                                                                                                                                                                                                                                 | 8998 L St Suite 110 Omaha NB 68127                                                                                                                                                                                                                                                                                                                      | (402)881-0771                                                      |                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                         |                                                                    |                                                                         |
| Mental Health Services:   | •                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| McIntyre-Moore, Kathleen  |                                                                                                                                                                                                                                                        | 10018 South 14th Street Bellevue NB 68123                                                                                                                                                                                                                                                                                                               |                                                                    | (402)292-1208                                                           |
|                           |                                                                                                                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient T                                                                                                                                                                                                          |                                                                    | Services Outpatient -                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| Juvenile Services:        | Non-Treatment: Summer School; Non-Treatment<br>Treatment: Mentoring; Assessment: Pre-Treatme                                                                                                                                                           | : Tutoring; Non-Treatment: Anger Management Class; Non-Treatmer<br>nt Assessment (Medicaid)                                                                                                                                                                                                                                                             | nt: General Education                                              | n Class; Non-                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | , , ,                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                         |
| McNichols, Stephanie      |                                                                                                                                                                                                                                                        | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                  | (402)440-6496                                                      |                                                                         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic | Services Outpatient e<br>Evaluations; Juvenil<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                     | nt Therapy including                                               | Family 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 Service<br>Outpatient - Co-Occurring Treatment                                                                                                                                                                 | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Family; Adult Non-Residential Services Outpatient - In                                                                                                                                                                                                              |                                                                    |                                                                         |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                         |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                          | Address                                                                                                                                                                                                                                                                                   | Phone                                         | Fax                |
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| Motter, Shannon           | Santa Monica Inc                                                                                | 401 S. 39 St. Omaha NB 68131                                                                                                                                                                                                                                                              | (402)558-7133                                 | (402)558-7088      |
| Substance Abuse Services: |                                                                                                 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr                                                                                                                                           |                                               |                    |
| Mental Health Services:   |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Juvenile Services:        |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Neve, Robert              | The Clearview Center, Inc.                                                                      | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                                                                                         | (402)612-2516                                 | (402)614-5447      |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                                                 | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services                                                                       | amily; Adult Non-Re                           | sidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                        |                                               |                    |
| Juvenile Services:        |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Nichols, Kayla            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                              | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                  | (402)261-9273                                 |                    |
| Substance Abuse Services: |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Mental Health Services:   |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Eating Disorder            | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl                                                                                                                                                                                                                     | uding Family Session                          | ns-Mental Health;  |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Osborn, Katlynn           | Capstone Behavioral Health                                                                      | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                                                                                               | (402)366-3472                                 |                    |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ing Treatment; Juver<br>dential Services Outp | nile Assessment    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                          |                                               |                    |
|                           |                                                                                                 | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                 |                                               |                    |
|                           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                               | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                               | (402)488-0077                                 | (402)488-0017      |
| Substance Abuse Services: |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                 | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                                                                                                                          | aluation; Psychologic                         | al Evaluation      |
|                           |                                                                                                 |                                                                                                                                                                                                                                                                                           |                                               |                    |

| Name                                               | Agency                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                                                                                     | Fax                                                                                                 |
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| Parmer, Alisa                                      | Heartland Family Service                                                                                                                                                                                                                                                                                                                                                      | 1941 S 42nd St Suite 375 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)552-7419                                                                                                                                             | (402)457-7791                                                                                       |
|                                                    | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment                                                                                             | aluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul> <li>Family; Adult Non-Re<br/>Services Intensive Out<br/>ation; Juvenile Non-Re<br/>Outpatient - Family; Ju</li> </ul>                                | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non-                    |
|                                                    | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                     |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                               | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal<br>uding Family Sessions-Mental Health; Outpatient Therapy - Co-occ<br>ing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |                                                                                                     |
| Prater, Jackie                                     | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                     | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                                                                                                             | (402)476-9623                                                                                       |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                     |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                     |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Ou<br>Assessment: Pre-Treatment Assessment (Medica                                                                                                                                                                                                                                                                             | utpatient Therapy including Family Sessions-Mental Health; Day Tr<br>aid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | reatment Day Treatmen                                                                                                                                     | nt-Mental Health;                                                                                   |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                             | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                     |
| Prince, Reginald                                   | Serenity Matters                                                                                                                                                                                                                                                                                                                                                              | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 6811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 (402)830-3890                                                                                                                                           | (402)212-0282                                                                                       |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Olential Services Olential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Juvenile Assessment                                                                                                                                       | Services Substance                                                                                  |
| Mental Health Services:                            | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                     |
| Juvenile Services:                                 | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                     |
| Danie Janesalina                                   | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                    | 000 F 00 10(0 % 4 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                           |                                                                                                     |
| Rezac, Jacqueline                                  | Capsione Denavioral Health                                                                                                                                                                                                                                                                                                                                                    | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)350-3267                                                                                                                                             |                                                                                                     |
|                                                    | 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                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Association of Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Adult Non-Residential 3<br>- Family; Adult Non-Re<br>Services Intensive Ou<br>ation; Juvenile Non-Re<br>Outpatient - Family; J                            | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non-                    |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Associated Programmes Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatmenticular of the Services Outpatient - Co-Occurring Treatmenticular outpatient - | Adult Non-Residential 3<br>- Family; Adult Non-Re<br>Services Intensive Ou<br>ation; Juvenile Non-Re<br>Outpatient - Family; J                            | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non-                    |
| Substance Abuse Services:  Mental Health Services: | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment ( | aluations; Adult Non-Residential Services Intervention/Education; Associated Programmes Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatmenticular of the Services Outpatient - Co-Occurring Treatmenticular outpatient - | Adult Non-Residential S<br>- Family; Adult Non-Re<br>Services Intensive Out<br>ation; Juvenile Non-Re<br>Outpatient - Family; J<br>t; Juvenile Non-Reside | esidential Services<br>spatient Treatment;<br>sidential Services<br>uvenile Non-<br>ential Services |

| Name                      | Agency                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                    | Phone                                                              | Fax                                                                        |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| Salvatore, Christine      | Stephen Center                                                                                                                                                                                                                    | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                              | (402)715-5440                                                      | (402)715-5452                                                              |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residentia<br>ces Substance Abus<br>on-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
|                           | Intensive Outpatient: Intensive Outpatient Therap Sliding Fee Scale;                                                                                                                                                              | by-Co-occurring                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Sanchez, Laura            | AM Counseling and Consulting LLC                                                                                                                                                                                                  | 919 Galvin Rd S Bellevue NB 68005                                                                                                                                                                                                                                                                                                                          | (402)807-5117                                                      |                                                                            |
|                           | Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                  | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur                                                                                                                                                                                                                |                                                                    | rvices Outpatient -                                                        |
|                           | Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O                                                                                                                                  | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                    | nt Therapy - Co-occ                                                | urring; Assessment:                                                        |
| Other Services:           | Co-Occurring Sliding Fee Scale; Bilingual Services;                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Schaub, Diedre            |                                                                                                                                                                                                                                   | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                     | (402)326-9168                                                      | (402)206-0888                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
|                           | Mental Health                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                         | nt Therapy including                                               | Family Sessions-                                                           |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Schmidt, Sharon           | The Resolution Center                                                                                                                                                                                                             | 120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                                                                                                                     | (402)223-6061                                                      | (402)223-6625                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
|                           |                                                                                                                                                                                                                                   | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                         | е                                                                  |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Scott, Judi               | Buoyant Family Services Counseling and Consulting LLC                                                                                                                                                                             | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                         | (402)933-7577                                                      |                                                                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; Ac<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                           |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
|                           | Bilingual Services;                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |

|                                               | Agency                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                          | Fax                                                                            |
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| Segoviano, Jessica                            | Infinite Avenues Counseling                                                                                                                                                                | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)301-6813                                                                                                                  |                                                                                |
| Substance Abuse Services:                     |                                                                                                                                                                                            | e Evaluations; Adult Non-Residential Services Intervention/Educa<br>patient - Family; Adult Non-Residential Services Outpatient - Indiv                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                              | •                                                                              |
| Mental Health Services:                       | Culpation Frounds                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| 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                                                                                                                  |                                                                                |
| Mental Health Services:                       |                                                                                                                                                                                            | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                                                                                |
| Juvenile Services:                            | Olidian Fac Casla                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| Other Services.                               | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| Stennis, Gladys                               | Infinite Avenues Counseling                                                                                                                                                                | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)905-6296                                                                                                                  |                                                                                |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse                                                                                                                                                  | e Evaluations                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessm                                                                                                                                                  | nent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                                                                |
| Juvenile Services:                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| Sutton, Sherry                                | Nebraska Urban Indian Health Inc                                                                                                                                                           | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)346-0902                                                                                                                  | (402)342-5290                                                                  |
| Substance Abuse Services:                     |                                                                                                                                                                                            | e Evaluations; Adult Non-Residential Services Intervention/Educa<br>patient - Family; Adult Non-Residential Services Outpatient - Indivitial Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                       | •                                                                                                                              | •                                                                              |
| Mental Health Services:                       | To occurring Treatment, Addit Non Nesiden                                                                                                                                                  | ual dervices intensive outpatient freatment                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                |
| 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 Outp<br>Co-Occurring Treatment; Adult Non-Residen<br>Residential Services Extended Residential; A<br>Juvenile Non-Residential Services Intervention | e Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indivitial Services Intensive Outpatient Treatment; Adult Residential SeAdult Residential Services Short Term Residential; Juvenile Asseson/Education; Juvenile Non-Residential Services Outpatient - GroOutpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient | ridual; Adult Non-Residential<br>ervices Dual Residential (MH/<br>esment Services Substance A<br>oups; Juvenile Non-Residentia | Services Outpatient -<br>SA); Adult<br>buse Evaluations;<br>Services Outpatier |
|                                               |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| Mental Health Services:                       | Outpatient Therapy; Co-Occurring                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |
| Mental Health Services:<br>Juvenile Services: | ·                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                |

| Name                      | Agency                                                                                                                                          | Address                                                                                                                                                                                                              | Phone                | Fax                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Townsend, Robin           | HopeSpoke                                                                                                                                       | 2444 O St Lincoln NB 68510                                                                                                                                                                                           | (402)475-7666        | (402)476-9623       |
| Substance Abuse Services: |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
| Mental Health Services:   |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
|                           | Mental Health; Assessment: Pre-Treatment Asse                                                                                                   | outpatient Therapy including Family Sessions-Mental Health; Intensive<br>essment (Medicaid)                                                                                                                          | Outpatient: Intensiv | e Outpatient Therap |
| Other Services:           | Sliding Fee Scale;                                                                                                                              |                                                                                                                                                                                                                      |                      |                     |
| Tuttle, Paige             | Lutheran Family Services of NE Inc                                                                                                              | 11807 Q Street Omaha NB 68137                                                                                                                                                                                        | (402)595-1338        |                     |
| Substance Abuse Services: |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
| Mental Health Services:   |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Mental Health                                                                                  | outpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                 | nt Therapy including | Family Sessions-    |
| Other Services:           | Sliding Fee Scale;                                                                                                                              |                                                                                                                                                                                                                      |                      |                     |
| Vasquez-Evans, Linda      |                                                                                                                                                 | 7701 Pacific Street, Ste 101 Omaha NB 68114                                                                                                                                                                          | (402)889-6359        | (402)564-7735       |
|                           | Non-Residential Services Intervention/Education<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | n-Residential Servic | es Outpatient - Fam |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                    |                                                                                                                                                                                                                      |                      |                     |
| Juvenile Services:        |                                                                                                                                                 | Outpatient Therapy including Family Sessions-Mental Health; Outpatient Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring                                                                       |                      |                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                          | add Exam (WOE), Assessment. Of Cecuming                                                                                                                                                                              |                      |                     |
| Walker, Jeffery           | All Communities Outreach Services                                                                                                               | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                  | (402)257-1122        |                     |
|                           |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
|                           |                                                                                                                                                 | eatment: Anger Management Class; Non-Treatment: General Educati                                                                                                                                                      | on Class: Non-Treat  | ment: Family Partne |
| davernie dervices.        | Non-Treatment. Family Support Worker, Non-Tre                                                                                                   | Samon. Anger Management Olass, Non-Treatment. General Education                                                                                                                                                      | on olass, Non-Treat  | none ranny ranne    |
| Other Services:           | Bilingual Services;                                                                                                                             |                                                                                                                                                                                                                      |                      |                     |
| Younker-Schifferns, Holli | Lutheran Family Services of NE Inc                                                                                                              | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                           | (402)292-9102        |                     |
| Substance Abuse Services: |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                    | (bio-psychosocial); Adults who Sexually Harm Evaluation                                                                                                                                                              |                      |                     |
| Juvenile Services:        |                                                                                                                                                 |                                                                                                                                                                                                                      |                      |                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                              |                                                                                                                                                                                                                      |                      |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual 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/Educatent - Family; Adult Non-Residential Services Outpatient - Indivi<br>Services Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                       | dual; Adult Non-Residential                                                                                                                               | Services Outpatient                                                                              |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                  |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                  |
| Barritt, Samantha                             | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                  | (402)370-3140                                                                                                                                             | (402)370-3373                                                                                    |
|                                               | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Residential Treatment | ssessment Services Substance Abuse Evaluations; Adult Non SA/MH; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Codesidential Services Dual Residential (MH/SA); Adult Residentions; Juvenile Non-Residential Services Intervention/Education vices Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment; Juve | Adult Non-Residential Servic<br>-Occurring Treatment; Adult<br>ial Services Short Term Res<br>n; Juvenile Non-Residential<br>Outpatient - Family; Juvenil | ces Outpatient -<br>Non-Residential<br>sidential; Juvenile<br>Services Care<br>e Non-Residential |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                  |
| Juvenile Services:                            | Outpatient Therapy including Family Sessions-M                                                                                                                                                                                                                                                                    | atient Therapy - Individual-Mental Health; Outpatient Therapy<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring;                                                                                                                                                                                                                                             | t Therapy - Co-occurring; In                                                                                                                              | tensive Outpatient:                                                                              |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                  |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                        | (402)564-9994                                                                                                                                             | (402)562-6458                                                                                    |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non<br>ups; Adult Non-Residential Services Outpatient - Family; Adult<br>ent Treatment; Adult Residential Services Short Term Residen                                                                                                                                                                                                                                                 | Non-Residential Services C                                                                                                                                | ,                                                                                                |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                  |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                  |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                  |
| Camacho, Diana                                | Good Life Counseling & Support                                                                                                                                                                                                                                                                                    | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                     | (402)371-3044                                                                                                                                             |                                                                                                  |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                                                                                   | valuations; Adult Non-Residential Services Intervention/Educat<br>nt - Individual; Juvenile Assessment Services Substance Abus                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                  |

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| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                    | Phone                                          | Fax                                          |
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| Cattau, Jeanne            | Apex Therapy Service                                                                                  | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                               | (402)851-4026                                  | (402)379-2487                                |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                          | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                         |                                                |                                              |
| Juvenile Services:        |                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpatien<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessi                                                                                                                                                                                                   |                                                |                                              |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |
| 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 Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment                  | ing Treatment; Adult<br>Residential Services   | : Non-Residential<br>s Outpatient - Groups   |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                       | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                           | ccurring                                       |                                              |
| Juvenile Services:        |                                                                                                       | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensi<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                                                                                                                                                      |                                                | sive Outpatient                              |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                     | rvices;                                                                                                                                                                                                                                                                                                                                    |                                                |                                              |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                       | (402)564-9994                                  | (402)562-6458                                |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R     | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment             | ing Treatment; Adult<br>Services Substance     | : Non-Residential<br>Abuse Evaluations;      |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)              | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                       | nt Therapy - Co-occu                           | urring; Assessment:                          |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |
| Hannappel, Mark           | Apex Therapy Service                                                                                  | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                               | (402)851-4026                                  | (402)379-2487                                |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluat | atient: Intensive Outp<br>Outpatient- Eating D | oatient Therapy-Ment<br>Disorder; Assessment |
| 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                                                                                                             |                                                                                    |
| Substance Abuse Services:                                                                                                                                                                             | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                                     | raluations; Adult Non-Residential Services Intervention/Education of the Family; Adult Non-Residential Services Outpatient - Individual Short Term Residential; Juvenile Assessment Services Substantiale Non-Residential Services Outpatient - Family; Juvenile Norto-Occurring Treatment      | ual; Adult Non-Residential S<br>nce Abuse Evaluations; Juv                                                                | Services Intensive<br>venile Non-                                                  |
| Mental Health Services:                                                                                                                                                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                    |
| Juvenile Services:                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outp<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri                                                                                                                                                              |                                                                                                                           |                                                                                    |
| Other Services:                                                                                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                    |
| Johnson, Jill                                                                                                                                                                                         | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                               | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                  | (402)481-5392                                                                                                             |                                                                                    |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                         | enile Non-Residential Services Outpatient - Groups; Juvenile No                                                                                                                                                                                                                                 |                                                                                                                           | Dalient - Family.                                                                  |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                                         | Services Intensive Outpatient Treatment; Juvenil                                                                                                                                                                                                                                                                                                                                                        | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ<br>e Non-Residential Services Partial Care; Juvenile Residential Se                                                                                                                                                            |                                                                                                                           | Non-Residential                                                                    |
| Juvenile Services:                                                                                                                                                                                    | Services Intensive Outpatient Treatment; Juvenil                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                                           | Non-Residential                                                                    |
| Juvenile Services:                                                                                                                                                                                    | Services Intensive Outpatient Treatment; Juvenil                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                                           | Non-Residential                                                                    |
| Juvenile Services:<br>Other Services:                                                                                                                                                                 | Services Intensive Outpatient Treatment; Juvenil  Billingual Services;  Community Justice Center                                                                                                                                                                                                                                                                                                        | e Non-Residential Services Partial Care; Juvenile Residential Se                                                                                                                                                                                                                                | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services:<br>Other Services:<br>Jones, James                                                                                                                                                 | Services Intensive Outpatient Treatment; Juvenil Bilingual Services; Community Justice Center                                                                                                                                                                                                                                                                                                           | e Non-Residential Services Partial Care; Juvenile Residential Se                                                                                                                                                                                                                                | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services:                                                                                                     | Services Intensive Outpatient Treatment; Juvenil Bilingual Services; Community Justice Center                                                                                                                                                                                                                                                                                                           | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                  | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services:  Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                 | Services Intensive Outpatient Treatment; Juvenill Bilingual Services; Community Justice Center Outpatient Therapy                                                                                                                                                                                                                                                                                       | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                  | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services:  Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                 | Services Intensive Outpatient Treatment; Juvenill Bilingual Services; Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                                                         | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                  | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jenna                                                   | Bilingual Services;  Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpati                                                                | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542  General Education Class                                                                                                                                                                         | (402)429-1050  (402)370-3140  Residential Services Interver Ion-Residential Services Out al; Juvenile Assessment Services | Non-Residential nitial  ntion/Education; atpatient - Individual; ervices Substance |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jenna                                                   | Bilingual Services;  Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpatient Abuse Evaluations; Juvenile Non-Residential Services Secretary | PO Box 22746 Lincoln NB 68542  General Education Class  900 W Norfolk Ave Ste 200 Norfolk NB 68701  ssessment Services Substance Abuse Evaluations; Adult Non-Rups; Adult Non-Residential Services Outpatient - Family; Adult Nent Treatment; Adult Residential Services Short Term Residential | (402)429-1050  (402)370-3140  Residential Services Interver Ion-Residential Services Out al; Juvenile Assessment Services | Non-Residential nitial  ntion/Education; utpatient - Individual; ervices Substance |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jenna Substance Abuse Services: Mental Health Services: | Bilingual Services;  Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpatient Abuse Evaluations; Juvenile Non-Residential Services Secretary | PO Box 22746 Lincoln NB 68542  General Education Class  900 W Norfolk Ave Ste 200 Norfolk NB 68701  ssessment Services Substance Abuse Evaluations; Adult Non-Rups; Adult Non-Residential Services Outpatient - Family; Adult Nent Treatment; Adult Residential Services Short Term Residential | (402)429-1050  (402)370-3140  Residential Services Interver Ion-Residential Services Out al; Juvenile Assessment Services | Non-Residential nitial  ntion/Education; utpatient - Individual ervices Substance  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                                                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Loberg, Katie                                                                                             | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substance Abuse Services:                                                                                 | Adult Non-Residential Services Outpatient - Gron<br>Adult Non-Residential Services Intensive Outpat<br>Abuse Evaluations; Juvenile Non-Residential Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ssessment Services Substance Abuse Evaluations; Adult Non-<br>ups; Adult Non-Residential Services Outpatient - Family; Adult<br>ient Treatment; Adult Residential Services Short Term Resider<br>rvices Intervention/Education; Juvenile Non-Residential Servic<br>dential Services Outpatient - Individual; Juvenile Non-Resident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Residential Services C<br>ntial; Juvenile Assessment S<br>res Outpatient - Groups; Juv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outpatient - Individual<br>Services Substance<br>venile Non-Residentia                                                                                                                                                       |
| Mental Health Services:                                                                                   | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Juvenile Services:                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Other Services:                                                                                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Millard, Laurie                                                                                           | Good Life Counseling & Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                                        | (402)371-9643                                                                                                                                                                                                                |
| Substance Abuse Services:                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Mental Health Services:                                                                                   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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Non-Treatment: Int                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |
| Juvenile Services:                                                                                        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient There<br>Health; Intensive Outpatient: Intensive Outpatient<br>Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eatment: Tracker (Except Douglas County); Non-Treatment: Inforting; Non-Treatment: Evening Reporting; Non-Treatment: And -Mental Health; Outpatient Therapy including Group Sessions-apy - Eating Disorder; Community Treatment Aide; Intensive Out-Eating Disorder; Intensive Outpatient: Intensive Outpatient T Mental Status Exam (MSE); Contracted Services: Tracker; Cont | ger Management Class; No<br>-Mental Health; Outpatient<br>Outpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>ssment: Pre-                                                                                                                                               |
| Juvenile Services:                                                                                        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient There<br>Health; Intensive Outpatient: Intensive Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orting; Non-Treatment: Evening Reporting; Non-Treatment: And<br>-Mental Health; Outpatient Therapy including Group Sessions-<br>apy - Eating Disorder; Community Treatment Aide; Intensive O<br>tt- Eating Disorder; Intensive Outpatient: Intensive Outpatient T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ger Management Class; No<br>-Mental Health; Outpatient<br>Outpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>ssment: Pre-                                                                                                                                               |
| Juvenile Services:                                                                                        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient There<br>Health; Intensive Outpatient: Intensive Outpatient<br>Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | orting; Non-Treatment: Evening Reporting; Non-Treatment: And<br>-Mental Health; Outpatient Therapy including Group Sessions-<br>apy - Eating Disorder; Community Treatment Aide; Intensive O<br>tt- Eating Disorder; Intensive Outpatient: Intensive Outpatient T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ger Management Class; No<br>-Mental Health; Outpatient<br>Outpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>ssment: Pre-                                                                                                                                               |
| Juvenile Services: Other Services: Petersen, Connie                                                       | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Therapy - Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment: Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intensubstance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient | orting; Non-Treatment: Evening Reporting; Non-Treatment: And<br>-Mental Health; Outpatient Therapy including Group Sessions-<br>apy - Eating Disorder; Community Treatment Aide; Intensive O<br>It- Eating Disorder; Intensive Outpatient: Intensive Outpatient T<br>Mental Status Exam (MSE); Contracted Services: Tracker; Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ger Management Class; No -Mental Health; Outpatient To -Dutpatient: Intensive Outpati -Therapy-Co-occurring; Asse -Intracted Services: Electror  (402)370-3140  -Residential Services Outpati -Residential Services Outpatient Residential; Juvenile Astal Services Outpatient - Fail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- nic Monitoring  (402)370-3373  atient - Groups; Adult patient - Co-Occurring ssessment Services mily; Juvenile Non-                                    |
| Other Services: Petersen, Connie Substance Abuse Services:                                                | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Therapy - Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment: Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; Adult Emergency Services Outpatient - Family; Adult Treatment; Adult Non-Residential Services Intensives Outpatient - Individual; Juve Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | orting; Non-Treatment: Evening Reporting; Non-Treatment: And-Mental Health; Outpatient Therapy including Group Sessions- apy - Eating Disorder; Community Treatment Aide; Intensive Out- it- Eating Disorder; Intensive Outpatient: Intensive Outpatient To Mental Status Exam (MSE); Contracted Services: Tracker; Contracted Services: Tracker | ger Management Class; No -Mental Health; Outpatient To -Dutpatient: Intensive Outpati -Therapy-Co-occurring; Asse -Intracted Services: Electror  (402)370-3140  -Residential Services Outpati -Residential Services Outpatient Residential; Juvenile Astal Services Outpatient - Fail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- nic Monitoring  (402)370-3373  atient - Groups; Adult patient - Co-Occurring ssessment Services mily; Juvenile Non-                                    |
| Other Services:  Petersen, Connie  Substance Abuse Services:  Mental Health Services:                     | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Therapy - Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment: Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intensubstance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenitensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Omental Health; Outpatient Therapy - Co-occurrin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | orting; Non-Treatment: Evening Reporting; Non-Treatment: Ang-Mental Health; Outpatient Therapy including Group Sessions- apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient To Mental Status Exam (MSE); Contracted Services: Tracker; Community Treatment Services: Tracker; Community Treatment Aide; Intensive Outpatient To Mental Status Exam (MSE); Contracted Services: Tracker; Community Treatment Services Substance Abuse Evaluations; Adult Non- dult Non-Residential Services Outpatient - Individual; Adult Non- sive Outpatient Treatment; Adult Residential Services Short To sidential Services Outpatient - Groups; Juvenile Non-Residential services Outpatient - Co-Occurring Treatmenters; Adult Non-Residential Services Outpatie | ger Management Class; No-Mental Health; Outpatient Toutpatient: Intensive Outpati Therapy-Co-occurring; Asseontracted Services: Electron  (402)370-3140  -Residential Services Outpan-Residential Services Outpan-Residential; Juvenile Assal Services Outpatient - Fait tment; Juvenile Non-Residential Services Outpatient: Pre-Treatment; Assessment: Pre-Treatment; Assessment; Assessmen | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- nic Monitoring  (402)370-3373  Atient - Groups; Adult bratient - Co-Occurring ssessment Services mily; Juvenile Non- ential Services  Family Sessions- |
| Other Services:  Petersen, Connie  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Therapy - Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment: Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intensubstance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenitensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Omental Health; Outpatient Therapy - Co-occurrin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | orting; Non-Treatment: Evening Reporting; Non-Treatment: Ang-Mental Health; Outpatient Therapy including Group Sessions- apy - Eating Disorder; Community Treatment Aide; Intensive Out- te Eating Disorder; Intensive Outpatient: Intensive Outpatient To Mental Status Exam (MSE); Contracted Services: Tracker; | ger Management Class; No-Mental Health; Outpatient Toutpatient: Intensive Outpati Therapy-Co-occurring; Asseontracted Services: Electron  (402)370-3140  -Residential Services Outpan-Residential Services Outpan-Residential; Juvenile Assal Services Outpatient - Fait tment; Juvenile Non-Residential Services Outpatient: Pre-Treatment; Assessment: Pre-Treatment; Assessment; Assessmen | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- nic Monitoring  (402)370-3373  Atient - Groups; Adult bratient - Co-Occurring ssessment Services mily; Juvenile Non- ential Services  Family Sessions- |

Mental Health Services:

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

| 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<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                          | raluations; Adult Non-Residential Services Intervention/Education and Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Octobro | ual; Adult Non-Residential<br>Services Substance Abuse<br>le Non-Residential Service                                | Services Outpatient -<br>Evaluations; Juveniles<br>Soutpatient - Family                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                   |
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Out<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                   |
| Walton, Robert            | AMH Counseling                                                                                                                                                                                             | 802 W Norfolk Suite 1 Norfolk NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)841-3791                                                                                                       | (402)563-2728                                                                                     |
| Martal Haalib Oor issa    | Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>- Family; Juvenile Non-Residential Services Outp                                                 | es Outpatient - Groups; Adult Non-Residential Services Outpatiervices Outpatient - Co-Occurring Treatment; Juvenile Assessme ducation; Juvenile Non-Residential Services Outpatient - Group patient - Individual; Juvenile Non-Residential Services Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ent Services Substance Ab<br>is; Juvenile Non-Residenti<br>t - Co-Occurring Treatmen                                | use Evaluations;<br>al Services Outpatient<br>t                                                   |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asso<br>Occurring                                                                                                                                               | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eatment Assessment (bio-                                                                                            | psychosocial); Co-                                                                                |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non-                                                                                                                                                                | Treatment: General Education Class; Outpatient Therapy - Indivient Therapy including Family Sessions-Mental Health; Outpatie Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                   |
| Woslager, Tammy           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                        | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                       |                                                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-Fups; Adult Non-Residential Services Outpatient - Family; Adult Noccurring Treatment; Adult Non-Residential Services Intensive Curvices Substance Abuse Evaluations; Juvenile Non-Residential le Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment; Juvenile Non-Residential Services Inter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lon-Residential Services O<br>Dutpatient Treatment; Adul<br>Services Intervention/Edu<br>Residential Services Outpa | utpatient - Individual;<br>t Residential Services<br>cation; Juvenile Non-<br>tient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                   |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                            | atient Therapy - Individual-Mental Health; Outpatient Therapy in<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outp<br>t Therapy-Co-occurring; Assessment: Pre-Treatment Assessme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | atient: Intensive Outpatien                                                                                         | t Therapy-Mental                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                       | Fax                                                             |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Avalos, Mayra             | Region II- Human Services                                                                                                                      | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                     | (308)324-6754                                                                               | (308)324-5518                                                   |
| Substance Abuse Services: |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Mental Health Services:   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Benesch, Kevin            | HopeSpoke                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                          | (402)475-7666                                                                               | (402)476-9623                                                   |
| Substance Abuse Services: |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Mental Health Services:   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Juvenile Services:        |                                                                                                                                                | m; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh<br>ment: Psychological Evaluation; Assessment: Juvenile Who Sex                                                                                                                                                                                                                      |                                                                                             |                                                                 |
| 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 Outpa<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Educati | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment on; Juvenile Non-Residential Services Outpatient - Groups; Juverile Non-Residential Services Outpatient - Co-Cent (bio-psychosocial); Co-Occurring | idual; Adult Non-Residential<br>It Services Substance Abuse<br>Enile Non-Residential Servic | Services Outpatien<br>Evaluations; Juver<br>es Outpatient - Fam |
| Juvenile Services:        |                                                                                                                                                | Outpatient Therapy including Group Sessions-Mental Health; Oring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu (MSE); Assessment: Co-Occurring                                                                                                                                                                                        |                                                                                             |                                                                 |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                           | , , ,                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                 |
| Crawford, Makayla         | Region II- Human Services                                                                                                                      | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                               | (308)284-6767                                                                               | (308)284-3084                                                   |
| Substance Abuse Services: |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Mental Health Services:   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Other Services:           | Bilingual Services;                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Fisher, Joel              | Region II- Human Services                                                                                                                      | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                            | (308)539-1387                                                                               | (308)532-1157                                                   |
| Substance Abuse Services: |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |
| Mental Health Services:   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                 |

Juvenile Services: Non-Treatment: Professional Partner

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

| Name                      | Agency                                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                                                                       | Fax                                                                                                                 |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                   | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)481-5392                                                                                                                                                               |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gradult Non-Residential Services Outpatient - Co Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Ju Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Ecoups; Adult Non-Residential Services Outpatient - Family; Alphacurring Treatment; Adult Non-Residential Services Intervices Short Term Residential; Juvenile Assessment Servicenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | Adult Non-Residential Services C<br>nsive Outpatient Treatment; Adu<br>ces Substance Abuse Evaluatior<br>enile Non-Residential Services O<br>Co-Occurring Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Other Services:           | 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                                                                                                                                                                                 | t: General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                  | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)474-4343                                                                                                                                                               | (402)474-6957                                                                                                       |
| Substance Abuse Services: | Adult Residential Services Short Term Residen                                                                                                                                                                               | tial                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Osborne, Rhonda           | Region II- Human Services                                                                                                                                                                                                   | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)284-6767                                                                                                                                                               |                                                                                                                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat<br>Co-Occurring Treatment; Juvenile Assessment                                                                                                                                | Evaluations; Adult Non-Residential Services Intervention/Editient - Family; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Juvenile Non-Res Juvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment                                                                                                                                                                                                             | Individual; Adult Non-Residential<br>sidential Services Intervention/Ed                                                                                                     | Services Outpatient lucation; Juvenile                                                                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmer                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                             | Outpatient Therapy including Group Sessions-Mental Heal                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                     |
|                           | Co-Occurring                                                                                                                                                                                                                | ng; Assessment: Pre-Treatment Assessment (Medicaid); A                                                                                                                                                                                                                                                                                                                                                                                                                            | issessifierit. Meritai Status Exam                                                                                                                                          | (MSE), Assessmen                                                                                                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                                 | Agency                                                                                                                                     | Address                                                                                                                                                                                                                                                           | Phone                                                      | Fax                        |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------|
| Romero, Ana                                          | Region II- Human Services                                                                                                                  | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                   | (308)324-6754                                              |                            |
| Substance Abuse Services:                            |                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Mental Health Services:                              |                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Juvenile Services:                                   | Non-Treatment: Professional Partner                                                                                                        |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Other Services:                                      | Sliding Fee Scale; Hearing Impaired; Bilingu                                                                                               | ual Services;                                                                                                                                                                                                                                                     |                                                            |                            |
| Stermensky, Dr. Gage                                 |                                                                                                                                            | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                | (417)413-0085                                              | (308)832-4844              |
| Mental Health Services:                              | Individual; Adult Non-Residential Services In<br>Residential Services Outpatient - Groups; Ju<br>Outpatient Therapy; Pre-Treatment Assessm | se Evaluations; Adult Non-Residential Services Outpatient - Grou<br>ntensive Outpatient Treatment; Juvenile Assessment Services Su<br>uvenile Non-Residential Services Outpatient - Individual<br>ment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | nbstance Abuse Evaluations; on Evaluation; Psychological E | Juvenile Non-<br>valuation |
| Juvenile Services:                                   | Mental Health; Outpatient Therapy - Youth W<br>Who Sexually Harm; Assessment: Pre-Treat                                                    | th; Outpatient Therapy including Group Sessions-Mental Health;<br>Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive<br>tment Assessment (Medicaid); Assessment: Mental Status Exam<br>Risk Assessment; Assessment: Co-Occurring                     | Outpatient: Intensive Outpat                               | ient Therapy-Youth         |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                         |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Vak, Ashley                                          | Region II- Human Services                                                                                                                  | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                          | (308)532-4860                                              | (308)532-1157              |
| Substance Abuse Services:                            |                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Mental Health Services:                              |                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Juvenile Services:                                   | Non-Treatment: Professional Partner                                                                                                        |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                         |                                                                                                                                                                                                                                                                   |                                                            |                            |
| White, Sarah                                         | Region II- Human Services                                                                                                                  | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                          | (308)532-4860                                              | (308)532-1157              |
|                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Substance Abuse Services:                            |                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                            |                            |
| Substance Abuse Services:<br>Mental Health 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:                  | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                                | nt - Family; Adult Non-Residential Service                                                                                                                                          | s Outpatient - Individual; Ad                                                                                             | dult Non-Residential                                               | Services Outpatient -                                        |
| Juvenile Services:                         | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                    |                                                                                                                           |                                                                    |                                                              |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                                                                                                           |                                                                    |                                                              |
| Becher, Deborah                            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                               | 4432 Sunrise Place Columbus NB 6                                                                                                                                                    |                                                                                                                           | (402)564-9994                                                      | (402)562-6458                                                |
| Substance Abuse Services:                  | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpati                                                                                                                                                                 | ips; Adult Non-Residential Services Outpa                                                                                                                                           | tient - Family; Adult Non-Re                                                                                              |                                                                    |                                                              |
| Mental Health Services:                    |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                     |                                                                                                                           |                                                                    |                                                              |
| Juvenile Services:                         |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                     |                                                                                                                           |                                                                    |                                                              |
| 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:                  | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Services                                                                                                                                                        | es Outpatient - Groups; Adult Non-Resider                                                                                                                                           | ntial Services Outpatient - F                                                                                             | amily; Adult Non-Re                                                | sidential Services                                           |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                    |                                                                                                                           |                                                                    |                                                              |
| Other Services:                            | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                            |                                                                                                                                                                                     |                                                                                                                           |                                                                    |                                                              |
| Connor, Shawnda                            | Christine Karell PC LLO                                                                                                                                                                                                                                                                                           | 815 Flack Ave Alliance NB 69301                                                                                                                                                     |                                                                                                                           | (308)762-2723                                                      |                                                              |
| Substance Abuse Services:                  | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se<br>Services Outpatient - Co-Occurring Treatment; Ju | es Outpatient - Groups; Adult Non-Resider<br>rvices Outpatient - Co-Occurring Treatmen<br>ducation; Juvenile Non-Residential Service<br>ervices Outpatient - Family; Juvenile Non-F | ntial Services Outpatient - F<br>ht; Adult Non-Residential Se<br>es Care Monitoring SA/MH;<br>Residential Services Outpat | amily; Adult Non-Re<br>ervices Intensive Out<br>Juvenile Non-Resic | sidential Services<br>patient Treatment;<br>lential Services |
| Juvenile Services:                         | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring Sliding Fee Scale;                                                                                                 | utpatient Therapy including Group Sessior<br>g; Intensive Outpatient: Intensive Outpatier                                                                                           | ns-Mental Health; Outpatier<br>nt Therapy-Mental Health; I                                                                | nt Therapy including<br>ntensive Outpatient:                       | Family Sessions-<br>Intensive Outpatient                     |

| 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<br>Co-Occurring Treatment; Juvenile Non-Residentia                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>al Services Intervention/Education; Juvenile Non-Residential Services<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi                                             | dult Non-Residential<br>s Outpatient - Group                                               | Services Outpatient -<br>s; Juvenile Non-                                             |
|                           | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                                                                                                                          | o-Occurring                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                       |
|                           | Assessment: Co-Occurring                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                       |
| Frank, Abigail            | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                                     | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                          | (402)336-2800                                                                              | (402)336-2849                                                                         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                                        | <b>o</b>                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential<br>rices Intervention/Ed                                              | Services Outpatient - ducation; Juvenile                                              |
|                           | 1 2 2                                                                                                                                                                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                           | t Therapy including                                                                        | Family Sessions-                                                                      |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                               | 3                                                                                          | ,                                                                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                       |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                        | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                          | (402)564-9994                                                                              | (402)562-6458                                                                         |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment s<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve<br>al Services Intensive Outpatient Treatment | ing Treatment; Adult<br>Services Substance                                                 | t Non-Residential<br>Abuse Evaluations;                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                          | nt Therapy - Co-occ                                                                        | urring; Assessment:                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                       |
| Hageman, Wendy            | Beacon of Hope Counseling Center LLC                                                                                                                                                                                                                                                                    | 308 W 4th St North Platte NB 69101                                                                                                                                                                                                                                                                                                            | (308)532-0777                                                                              |                                                                                       |
| Mental Health Services:   | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment<br>Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                           | amily; Adult Non-Re<br>rvices Substance Al<br>Juvenile Non-Resid<br>ient - Individual; Juv | esidential Services<br>ouse Evaluations;<br>dential Services<br>venile Non-Residentia |

| Name                      | Agency                                                                                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                 | Fax                                                                                                                 |
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| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                                                            | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)336-3200                                                                                                         | (402)336-3219                                                                                                       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E                                                                                                                                                                                                                                 | valuations; Juvenile Assessment Services Substance Abuse Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                               | ons                                                                                                                   |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-M                                                                                                                                                                                                                               | n-Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie<br>Hental Health; Outpatient Therapy including Family Sessions-Mental H<br>caid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu                                                                                                                                                                                                                                                                                | ealth; Outpatient The                                                                                                 |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                                   | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)481-5392                                                                                                         |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - I               | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpatvices Short Term Residential; Juvenile Assessment Services Substanvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Reindividual; Juvenile Non-Residential Services Outpatient - Co-Occurrinile Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ice Abuse Evaluation<br>sidential Services O<br>ig Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                            | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)370-3140                                                                                                         |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Intensive Outpa                                                                                                                                                                           | Assessment Services Substance Abuse Evaluations; Adult Non-Reside<br>pups; Adult Non-Residential Services Outpatient - Family; Adult Non-Retient Treatment; Adult Residential Services Short Term Residential; Justices Outpatient - Groups; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                                         | esidential Services Convenile Assessment S                                                                            | Outpatient - Individual<br>Services Substance                                                                       |
| Mental Health Services:   | Co. Moss Ca.panom mamaaa.                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                                            | Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |                                                                                                                     |
| Laffin, 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 Se Juvenile Assessment Services Substance Abust Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juventensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Fervices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                              | Family; Adult Non-Re<br>ervices Intensive Ou<br>on; Juvenile Non-Re<br>outpatient - Family; J<br>Juvenile Non-Reside  | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non-                                    |
|                           | 1 137                                                                                                                                                                                                                                                                       | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C                                                                                                                                                                                                                                                                                                                                                                                                                                 | J                                                                                                                     |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non                                                                                                                                                                                                                                  | -Treatment: General Education Class; Outpatient Therapy - Individual                                                                                                                                                                                                                                                                                                                                                                                                                              | -Mental Health; Outp                                                                                                  | atient                                                                                                              |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                          | Agency                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                      | Fax                                                               |
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|                                               |                                                                                                                                                                                                                                    | n; Outpatient Therapy including Family Sessions-Mental H<br>Health; Day Treatment Day Treatment-Mental Health; As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                   |
| Other Services:                               | Sliding Fee Scale; Bilingual 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 - Ground Adult Non-Residential Services Intensive Outpating Abuse Evaluations; Juvenile Non-Residential Services Intensive Outpating Non-Residential Services (Non-Residential Services) | ssessment Services Substance Abuse Evaluations; Adult<br>ups; Adult Non-Residential Services Outpatient - Family; A<br>ent Treatment; Adult Residential Services Short Term Re-<br>rvices Intervention/Education; Juvenile Non-Residential S-<br>dential Services Outpatient - Individual; Juvenile Non-Resi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Adult Non-Residential Services On<br>sidential; Juvenile Assessment S<br>ervices Outpatient - Groups; Juve | utpatient - Individua<br>ervices Substance<br>enile Non-Residenti |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Mackling, Jamie                               | Heartland Counseling Services, Inc.                                                                                                                                                                                                | 917 W 21st St PO Box 355 South Sioux City NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 69887 (402)494-3337                                                                                      | (402)494-3655                                                     |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                                  | raluations; Adult Non-Residential Services Intervention/Ed<br>rot - Family; Adult Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment; Juvenile Assess<br>; Juvenile Non-Residential Services Outpatient - Groups;<br>adividual; Juvenile Non-Residential Services Outpatient - | ndividual; Adult Non-Residential s<br>ment Services Substance Abuse<br>Juvenile Non-Residential Service    | Services Outpatient<br>Evaluations; Juver<br>s Outpatient - Fam   |
| Mental Health Services:                       | Corvides intensive Galpation Freatment                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Juvenile Services:                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                  | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                   |
| Obermeyer, Ashley                             | Pathways to Wellness LLC                                                                                                                                                                                                           | 32518 W Pioneer School Rd Merriman NB 69218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 (605)646-3786                                                                                            | (605)646-4828                                                     |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse Ev<br>Family; Adult Non-Residential Services Outpatier                                                                                                                                   | aluations; Adult Non-Residential Services Outpatient - Gr<br>nt - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oups; Adult Non-Residential Serv                                                                           | rices Outpatient -                                                |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Juvenile Services:                            | Non-Treatment: Anger Management Class; Outp<br>Outpatient Therapy including Family Sessions-M                                                                                                                                      | atient Therapy - Individual-Mental Health; Outpatient The<br>ental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rapy including Group Sessions-M                                                                            | ental Health;                                                     |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Roberts, Kristine                             | Nebraska Mediation Center                                                                                                                                                                                                          | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)753-9415                                                                                              |                                                                   |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |
| Mental Health Services:                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                   |

Mental Health Services:

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                      | Agency                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                              | Fax                                                                                                  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Schawang-Smith, Kim       | Heartland Counseling Services, Inc.                                                                                                                                                               | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                        | (402)336-2800                                                                                                                      |                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                   | Evaluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Ind                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                   | reatment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                        |                                                                                                                                    |                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                                                                      |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                   | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                          | (417)413-0085                                                                                                                      | (308)832-4844                                                                                        |
|                           | Individual; Adult Non-Residential Services Inte<br>Residential Services Outpatient - Groups; Juve                                                                                                 | Evaluations; Adult Non-Residential Services Outpatient - Grounsive Outpatient Treatment; Juvenile Assessment Services Stenile Non-Residential Services Outpatient - Individual nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harr                                                                                                                | ubstance Abuse Evaluations;                                                                                                        | Juvenile Non-                                                                                        |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Wh                                                                                                                                                      | Outpatient Therapy including Group Sessions-Mental Health; to Sexually Harm; Outpatient Therapy - Co-occurring; Intensive ent Assessment (Medicaid); Assessment: Mental Status Example & Assessment; Assessment: Co-Occurring                                                                                                                               | e Outpatient: Intensive Outpat                                                                                                     | ient Therapy-Youth                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                | <b>3</b>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                      |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                                                                                                               | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                        | (402)336-2800                                                                                                                      |                                                                                                      |
|                           | Groups; Adult Non-Residential Services Outpa<br>Co-Occurring Treatment                                                                                                                            | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Ind                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                      |
|                           | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                        | , , ,                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    | Managal I I and de                                                                                   |
|                           | Outpatient Therapy including Family Sessions<br>Treatment Assessment (Medicaid); Assessme                                                                                                         | utpatient Therapy - Individual-Mental Health; Outpatient Theral<br>-Mental Health; Outpatient Therapy - Eating Disorder; Outpationt:<br>Co-Occurring                                                                                                                                                                                                        |                                                                                                                                    |                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                                                                      |
| Woslager, Tammy           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                  | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                  | (402)370-3140                                                                                                                      |                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gr<br>Adult Non-Residential Services Outpatient - Co<br>Short Term Residential; Juvenile Assessment<br>Residential Services Outpatient - Groups; Juve | Assessment Services Substance Abuse Evaluations; Adult Noroups; Adult Non-Residential Services Outpatient - Family; Aduo-Occurring Treatment; Adult Non-Residential Services Intensions Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Nor-Co-Occurring Treatment; Juvenile Non-Residential Services | ult Non-Residential Services (<br>ive Outpatient Treatment; Adu<br>ntial Services Intervention/Edu<br>on-Residential Services Outp | Outpatient - Individual<br>ilt Residential Service<br>ucation; Juvenile Non-<br>atient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                                                                      |
| Juvenile Services:        | Outpatient Therapy including Family Sessions                                                                                                                                                      | utpatient Therapy - Individual-Mental Health; Outpatient Theral<br>-Mental Health; Outpatient Therapy - Co-occurring; Intensive Cent Therapy-Co-occurring; Assessment: Pre-Treatment Asses                                                                                                                                                                  | Dutpatient: Intensive Outpatie                                                                                                     | nt Therapy-Mental                                                                                    |
|                           |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                                                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                | Phone         | Fax           |  |  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------|---------------|--|--|
| Yunker, Kimberley         | 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: | e Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |               |               |  |  |
|                           | Non-Treatment: General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | aividual, Juverille Nori-Residential Services Outpatient - Co-Occurrin | y rreaunent   |               |  |  |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address                                                                                                                                            | Phone                                        | Fax                                      |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|
| Ivaille                   | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address                                                                                                                                            | 1 Hone                                       | I ax                                     |
| Arriaga, Ruby             | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                           | (308)633-0110                                | (308)633-0112                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
|                           | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                            |                                              |                                          |
| Other Services.           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                              |                                          |
| Arriaga-Velez, Brenda     | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                           | (308)633-0110                                | (308)633-0112                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
|                           | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                            |                                              |                                          |
| Other Services.           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                              |                                          |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2444 O St Lincoln NB 68510                                                                                                                         | (402)475-7666                                | (402)476-9623                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuant: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha               |                                              |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                              |                                          |
| Chavez, Mario             | Optimal Family Preservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                               | (308)633-3703                                | (308)633-3837                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                          |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Group Reporting; Non-Treatment: General Education Cl.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment:                                                                                       | Day Reporting; Non                           | -Treatment: Evening                      |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                              |                                          |
| Connor, Shawnda           | Christine Karell PC LLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 815 Flack Ave Alliance NB 69301                                                                                                                    | (308)762-2723                                |                                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; 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 - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient Treatment |                                                                                                                                                    |                                              |                                          |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                              |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>g | nt Therapy including<br>ntensive Outpatient: | Family Sessions-<br>Intensive 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:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                        | (bio-psychosocial)                                                                                                                                                                                                        |                                           |                                        |
| Juvenile Services:        |                                                                                                                                                                     | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men                                                                                |                                           |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                  |                                                                                                                                                                                                                           |                                           |                                        |
| Duarte, Christine         | Valley Youth Connections                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                  | (308)633-0110                             | (308)633-0112                          |
| Substance Abuse Services: |                                                                                                                                                                     |                                                                                                                                                                                                                           |                                           |                                        |
| Mental Health Services:   |                                                                                                                                                                     |                                                                                                                                                                                                                           |                                           |                                        |
|                           | , ,,                                                                                                                                                                | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                  |                                           |                                        |
| Other Services:           | Bilingual Services;                                                                                                                                                 |                                                                                                                                                                                                                           |                                           |                                        |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                                                                                                                                | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                     | (308)633-2070                             |                                        |
| Substance Abuse Services: |                                                                                                                                                                     |                                                                                                                                                                                                                           |                                           |                                        |
| Mental Health Services:   |                                                                                                                                                                     |                                                                                                                                                                                                                           |                                           |                                        |
|                           | Non-Treatment: Professional Partner                                                                                                                                 |                                                                                                                                                                                                                           |                                           |                                        |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                   | ervices;                                                                                                                                                                                                                  |                                           |                                        |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                        | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                  | (308)737-1351                             |                                        |
| Substance Abuse Services: |                                                                                                                                                                     |                                                                                                                                                                                                                           |                                           |                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                        | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                        | ion                                       |                                        |
|                           | Non-Treatment: Anger Management Class; Outp<br>Outpatient Therapy including Family Sessions-M<br>Pre-Treatment Assessment (Medicaid); Assessm<br>Sliding Fee Scale; | atient Therapy - Individual-Mental Health; Outpatient Therapy includinental Health; Outpatient Therapy - Eating Disorder; Day Treatment Disent: Mental Status Exam (MSE)                                                  | ng Group Sessions-I<br>ay Treatment-Menta | Mental Health;<br>I Health; Assessment |
| Hajek, Marilyn            | Destiny Counseling Services                                                                                                                                         | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                             | (308)254-0737                             |                                        |
|                           | Family; Adult Non-Residential Services Outpatien                                                                                                                    | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr<br>sidential Services Outpatient - Groups; Juvenile Non-Residential Serv | eatment; Juvenile A                       | ssessment Services                     |
| Mental Health Services:   | New Tourist Assess Management C'                                                                                                                                    |                                                                                                                                                                                                                           |                                           |                                        |
|                           | Non-Treatment: Anger Management Class                                                                                                                               |                                                                                                                                                                                                                           |                                           |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                  |                                                                                                                                                                                                                           |                                           |                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                   | Fax                                                                                                                  |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                           |                                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | tesidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services C<br>ng Treatment; Juven | Outpatient - Individua<br>ult Residential Servic<br>ns; Juvenile Non-<br>outpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Other Services:           | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Karell, Christine         | Christine Karell PC LLO                                                                                                                                                                                                             | 815 Flack Ave Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)762-2723                                                                                                           | (308)217-4277                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
|                           | Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                                                        | sment: Medication Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         |                                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                         | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (308)284-4491                                                                                                           | (308)284-4100                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)633-0110                                                                                                           | (308)633-0112                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |
| Mental Health Services:   | New Treatments Family Company Western New Treatment                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                      |

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting

Other Services: Bilingual Services;

| 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<br>Individual; Adult Non-Residential Services Outpa                                                 | aluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                             | lult Non-Residential                       | Services Outpatient                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                            |                                            |                                         |
| Juvenile Services:        |                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Raney, Sandra             | Open Door                                                                                                                                        | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                                      | (308)225-4335                              | (308)633-2020                           |
| Substance Abuse Services: |                                                                                                                                                  | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment                                                                                                                                 |                                            |                                         |
| Mental Health Services:   | ,                                                                                                                                                | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                | ent Assessment (bio                        | -psychosocial); Co-                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre<br>Evening Reporting; Non-Treatment: Anger Manag<br>Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm<br>gement Class; Non-Treatment: General Education Class; Outpatient<br>ental Health; Outpatient Therapy including Family Sessions-Mental H<br>y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual ealth; Outpatient The | -Mental Health;<br>erapy - Co-occurring |
| Other Services:           | Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Rodriguez, Juanita        | ACCS Inc                                                                                                                                         | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                               | (308)633-1390                              | (308)633-1393                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outleating - Individual                                           | uvenile Assessment                         | Services Substance                      |
| Mental Health Services:   | Corvided Calpatient Tarring, Caverine North Nesid                                                                                                | ontal cervices outpatient individual                                                                                                                                                                                                                                             |                                            |                                         |
| Juvenile Services:        | Non-Treatment: General Education Class; Non-T                                                                                                    | reatment: Family Partner; Contracted Services: Electronic Monitoring                                                                                                                                                                                                             | )                                          |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Santana, Melissa          | Guardian Light Family Services                                                                                                                   | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                                                  | (308)631-2665                              |                                         |
| Substance Abuse Services: |                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Mental Health Services:   |                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |                                            |                                         |
|                           | Non-Treatment: Family Support Worker                                                                                                             |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Other Services:           | Bilingual Services;                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Stermensky, Dr. Gage      |                                                                                                                                                  | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                               | (417)413-0085                              | (308)832-4844                           |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenii                                          | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ive Outpatient Treatment; Juvenile Assessment Services Substance<br>le Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat            | Abuse Evaluations;                         | Juvenile Non-                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Youth Who S                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpation<br>t Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                   | nt Therapy including                       | Family Sessions-                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name            | Agency                                                           | Address                                                          | Phone         | Fax           |
|-----------------|------------------------------------------------------------------|------------------------------------------------------------------|---------------|---------------|
| Other Services: | Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; | ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co- | Occurring     |               |
| Valdez, Juan    | Valley Youth Connections                                         | 29 S Beltline HWY W Scottsbluff NB 69361                         | (308)633-0110 | (308)633-0112 |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                         | Phone                      | Fax                                          |
|---------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                          | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                      | (308)224-3338              |                                              |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                 |                            |                                              |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                 |                            |                                              |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                        | Care (Agency Supported); Out-Of-Home: Emergency Foster C                                                                                                                                        | Care; Non-Treatment: Fam   | ily Support Worker;                          |
| Other Services:           | Bilingual Services;                                                                                |                                                                                                                                                                                                 |                            |                                              |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                            | (402)564-9994              | (402)562-6458                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                   | ssessment Services Substance Abuse Evaluations; Adult Non-F<br>ps; Adult Non-Residential Services Outpatient - Family; Adult N<br>ent Treatment; Adult Residential Services Short Term Resident | Non-Residential Services C | ention/Education;<br>Outpatient - Individual |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                 |                            |                                              |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                 |                            |                                              |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                 |                            |                                              |
| Betka, Cindy              | FGH Inc                                                                                            | 942 N 13th St. Geneva NB 68361                                                                                                                                                                  | (402)879-5959              | (402)759-3803                                |
|                           |                                                                                                    | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individual (high psychosocial)                                          |                            | Services Outpatient -                        |
|                           | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpati         | Treatment: General Education Class; Outpatient Therapy - Indi-<br>ent Therapy including Family Sessions-Mental Health; Outpatie<br>ent Assessment (Medicaid); Assessment: Co-Occurring          |                            |                                              |
| Other Services:           | Sliding Fee Scale;                                                                                 | g                                                                                                                                                                                               |                            |                                              |
| Denney, Rachel            | Parallels                                                                                          | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                              | (402)730-6802              |                                              |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment                      |                            |                                              |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                 |                            |                                              |
|                           |                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Ou                                                                                                                                   | tpatient Therapy - Co-occu | urring                                       |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                 |                            |                                              |
| Hansen, Wendy             | Friendship House Inc                                                                               | 218 S. Rhode Island Ave. Hastings NB 68901                                                                                                                                                      | (308)675-3345              | (308)675-3342                                |
| Substance Abuse Services: |                                                                                                    | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individual                                                              |                            |                                              |
| Mental Health Services:   | ,                                                                                                  |                                                                                                                                                                                                 |                            |                                              |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                 |                            |                                              |
| Other Services:           | Bilingual Services;                                                                                |                                                                                                                                                                                                 |                            |                                              |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Services Outpatient - Individual

| Name                      | Agency                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                        | Fax                                                                                                              |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Hargis, Kirsten           | Pathfinder Support Services                                                                                                                                                                                                                                   | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)460-9851                                                                                                |                                                                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                 | eatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | eatment: Family Part                                                                                         | ner                                                                                                              |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                  |
| Holeman, Krista           | Brodstone Memorial Hospital                                                                                                                                                                                                                                   | 520 E 10th St Superior NB 68978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)207-1542                                                                                                | (402)207-1013                                                                                                    |
|                           | Groups; Adult Non-Residential Services Outpation Co-Occurring Treatment; Juvenile Assessment                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adult Non-Residentia<br>rvices Intervention/E                                                                | l Services Outpatien<br>ducation; Juvenile                                                                       |
|                           | 1 77                                                                                                                                                                                                                                                          | Outpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ent Therapy including                                                                                        | Family Sessions-                                                                                                 |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                              | g; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                            | ,                                                                                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                              | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                  |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                     | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)481-5392                                                                                                |                                                                                                                  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Education; A ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Poccurring Treatment; Adult Non-Residential Services Intensive Outprices Short Term Residential; Juvenile Assessment Services Substate Venile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurrical Pon-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | Residential Services of atient Treatment; Addunce Abuse Evaluation esidential Services Cong Treatment; Juven | Outpatient - Individua<br>ult Residential Servions; Juvenile Non-<br>outpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                  |
| Other Services:           | 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;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                  |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                              | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)370-3140                                                                                                |                                                                                                                  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Intensive Outpat                                                                                                                                                            | Assessment Services Substance Abuse Evaluations; Adult Non-Resic<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-F<br>tient Treatment; Adult Residential Services Short Term Residential; J<br>ervices Outpatient - Groups; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                                                                             | Residential Services (<br>Iuvenile Assessment                                                                | Outpatient - Individua<br>Services Substance                                                                     |

| Name                      | Agency                                                    | Address                                                                                                                                                                                                                                 | Phone                 | Fax                 |
|---------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| Mental Health Services:   |                                                           |                                                                                                                                                                                                                                         |                       |                     |
| Juvenile Services:        | Non-Treatment: Anger Management Class                     |                                                                                                                                                                                                                                         |                       |                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se         | rvices;                                                                                                                                                                                                                                 |                       |                     |
| Patitz, Beverly           | New Dimensions Counseling                                 | 223 East 14th, Suite 220 Hastings NB 68901                                                                                                                                                                                              | (402)519-0159         | (402)463-9169       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva             | aluations; Juvenile Assessment Services Substance Abuse Evaluat                                                                                                                                                                         | ions                  |                     |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment                                                                                                                                                                    | nent Assessment (bio  | -psychosocial); Co- |
| Juvenile Services:        |                                                           | on-Treatment: Supervised Visitation; Outpatient Therapy - Individua<br>ent Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; A<br>SE): Assessment: Co-Occurring                                                             |                       |                     |
| Other Services:           | Sliding Fee Scale;                                        | ,,                                                                                                                                                                                                                                      |                       |                     |
| Sawyer, Debby             | Mid-Plains Center for Behavioral<br>Healthcare Inc        | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                | (308)379-8615         | (308)385-1105       |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                                                         |                       |                     |
| Mental Health Services:   |                                                           |                                                                                                                                                                                                                                         |                       |                     |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)   | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicai                                                                                                                                                                          | d); Assessment: Mer   | tal Status Exam     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se         | rvices;                                                                                                                                                                                                                                 |                       |                     |
| 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; Adul<br>ve Outpatient Treatment; Juvenile Assessment Services Substance<br>e Non-Residential Services Outpatient - Individual                                            |                       |                     |
| Mental Health Services:   |                                                           | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                       | tion; Psychological E | valuation           |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S           | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth  |
| Other Services:           | Sliding Fee Scale;                                        | -<br>-                                                                                                                                                                                                                                  |                       |                     |
| Weber, Kristi             | Weber Behavioral Health                                   | 942 N 13th Geneva NB 68361                                                                                                                                                                                                              | (402)759-3802         | (402)759-3803       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva             | aluations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                     | Treatment             |                     |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juver          | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                                                                                                                           | (bio-psychosocial)    |                     |
| Juvenile Services:        |                                                           | utpatient Therapy including Family Sessions-Mental Health; Assessivaluation; Assessment: Mental Status Exam (MSE); Assessment: N                                                                                                        |                       |                     |
| Other Services:           | Sliding Fee Scale;                                        |                                                                                                                                                                                                                                         |                       |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                   | Agency                                                                                            | Address                                                                                                                                                                                                                      | Phone                                                  | Fax                |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------|
| Andrews, Megan                                                         | Boys Town                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                   | (308)224-3338                                          |                    |
| Substance Abuse Services:                                              |                                                                                                   |                                                                                                                                                                                                                              |                                                        |                    |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                              |                                                        |                    |
| Juvenile Services:                                                     |                                                                                                   | r Care (Agency Supported); Out-Of-Home: Emergency Foster                                                                                                                                                                     | Care; Non-Treatment: Fam                               | ily Support Worker |
| Other Comisses                                                         | Out-Of-Home: Foster Care (Relative/Kinship)                                                       |                                                                                                                                                                                                                              |                                                        |                    |
| Other Services:                                                        | Bilingual Services;                                                                               |                                                                                                                                                                                                                              |                                                        |                    |
| Aschoff, Allison                                                       | Women's Empowering Life Line                                                                      | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                              | (402)750-9660                                          |                    |
| Substance Abuse Services:                                              | Groups; Adult Non-Residential Services Outpatie                                                   | raluations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient | lual; Adult Non-Residential                            | Services Outpatie  |
| Mental Health Services:                                                | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                             |                                                        |                    |
| Juvenile Services:                                                     |                                                                                                   |                                                                                                                                                                                                                              |                                                        |                    |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                              |                                                        |                    |
| Becher, Deborah                                                        | Behavioral Health Specialist/Seekers of Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                         | (402)564-9994                                          | (402)562-6458      |
| Substance Abuse Services:                                              | Adult Non-Residential Services Outpatient - Grou                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-<br>ups; Adult Non-Residential Services Outpatient - Family; Adult I<br>ent Treatment; Adult Residential Services Short Term Residen                               | Non-Residential Services C                             |                    |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                              |                                                        |                    |
| Juvenile Services:                                                     |                                                                                                   |                                                                                                                                                                                                                              |                                                        |                    |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                              |                                                        |                    |
| 0 1 5:                                                                 | Good Life Counseling & Support                                                                    | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                      | (402)371-3044                                          |                    |
| Camacho, Diana                                                         |                                                                                                   |                                                                                                                                                                                                                              | ( /                                                    |                    |
| Camacho, Diana Substance Abuse Services:                               | Family; Adult Non-Residential Services Outpatier                                                  | valuations; Adult Non-Residential Services Intervention/Educatint - Individual; Juvenile Assessment Services Substance Abuse<br>Services Outpatient - Family; Juvenile Non-Residential Services                              | on; Adult Non-Residential Se Evaluations; Juvenile Nor |                    |
| ·                                                                      | Family; Adult Non-Residential Services Outpatier Intervention/Education; Juvenile Non-Residential | nt - Individual; Juvenile Assessment Services Substance Abuse                                                                                                                                                                | on; Adult Non-Residential Se Evaluations; Juvenile Nor |                    |
| Substance Abuse Services:  Mental Health Services:                     | Family; Adult Non-Residential Services Outpatier Intervention/Education; Juvenile Non-Residential | nt - Individual; Juvenile Assessment Services Substance Abuse                                                                                                                                                                | on; Adult Non-Residential Se Evaluations; Juvenile Nor |                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Family; Adult Non-Residential Services Outpatier Intervention/Education; Juvenile Non-Residential | nt - Individual; Juvenile Assessment Services Substance Abuse                                                                                                                                                                | on; Adult Non-Residential Se Evaluations; Juvenile Nor |                    |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Cattau, Jeanne Substance Abuse Services: Mental Health Services: | Apex Therapy Service                                                                                                                                                                                                        | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                   | (402)054 4026                                                        |                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|
|                                                                  |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                | (402)851-4026                                                        | (402)379-2487                                                 |
| Mental Health Services:                                          |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                               |
|                                                                  | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                               |
| Juvenile Services:                                               |                                                                                                                                                                                                                             | utpatient Therapy including Family Sessions-Mental Health; Outpatien<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess                                                                                                                                                                                                                                                        |                                                                      |                                                               |
| 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<br>Outpatient - Co-Occurring Treatment; Adult Non-<br>Juvenile Assessment Services Substance Abuse                                                                          | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - In<br>Residential Services Intensive Outpatient Treatment; Adult Residential<br>Evaluations; Juvenile Non-Residential Services Intervention/Educational<br>Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | ndividual; Adult Non-<br>al Services Short Te<br>on; Juvenile Non-Re | Residential Services<br>rm Residential;<br>sidential Services |
| Mental Health Services:                                          | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                               |
| Juvenile Services:                                               | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                           | nt Therapy - Co-occi                                                 | urring; Assessment:                                           |
| Other Services:                                                  | Sliding Fee Scale;                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                               |
| Grabowski, Karen                                                 | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                            | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                        | (402)562-6458                                                 |
| Substance Abuse Services:                                        | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                                                                                           | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr residential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment                                                              | ing Treatment; Adult<br>Services Substance                           | Non-Residential Abuse Evaluations;                            |
| Mental Health Services:                                          |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                               |
| Juvenile Services:                                               | Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid)                                                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                           | nt Therapy - Co-occi                                                 | urring; Assessment:                                           |
| Other Services:                                                  | Sliding Fee Scale;                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                               |
| Gregory, Nichole                                                 |                                                                                                                                                                                                                             | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                                                                    | (402)720-1621                                                        | (402)753-6445                                                 |
| Substance Abuse Services:                                        | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                           | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services Ie Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment               | dult Non-Residential<br>es Intervention/Educ                         | Services Intensive ation; Juvenile Non-                       |
| Mental Health Services:                                          | 3                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                               |
| Juvenile Services:                                               | Non-Treatment: General Education Class                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                               |

| Name                      | Agency                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                  | Phone                                          | Fax                                          |
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| Hahn, Maria               | Good Life Counseling & Support                                                                                                                                                | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                          | (402)270-7781                                  | (402)562-4001                                |
| Substance Abuse Services: |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                |                                              |
| Mental Health Services:   |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                |                                              |
|                           | Non-Treatment: Family Support Worker                                                                                                                                          |                                                                                                                                                                                                                                                                                          |                                                |                                              |
| Other Services:           | Bilingual Services;                                                                                                                                                           |                                                                                                                                                                                                                                                                                          |                                                |                                              |
| Hallstrom, Debra          |                                                                                                                                                                               | 2170 N. Platte Ave. Fremont NB 68025                                                                                                                                                                                                                                                     | (402)720-8220                                  | (402)753-6445                                |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | ing Treatment; Juver<br>dential Services Out   | nile Assessment                              |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                                                     | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                       | ent Assessment (bio-                           | -psychosocial); Co-                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring                                                                                                                                                  | t Therapy including                            | Family Sessions-                             |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                        | 3, 3                                                                                                                                                                                                                                                                                     |                                                |                                              |
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                                          | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                             | (402)851-4026                                  | (402)379-2487                                |
| Substance Abuse Services: |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                |                                              |
| Mental Health Services:   |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                |                                              |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient<br>Pre-Treatment Assessment (Medicaid); Assessm<br>Harm Risk Assessment | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluat          | atient: Intensive Outp<br>Outpatient- Eating D | patient Therapy-Ment<br>Pisorder; Assessment |
| Other Services.           | Sliding Fee Scale;                                                                                                                                                            |                                                                                                                                                                                                                                                                                          |                                                |                                              |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                                                                                              | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                       | (402)685-4130                                  | (402)685-4132                                |
| Substance Abuse Services: |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                |                                              |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                               | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych                                                                                                                                                                                                                        | nological Evaluation                           |                                              |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                         | re-Treatment Assess                            | sment (Medicaid);                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                            |                                                                                                                                                                                                                                                                                          |                                                |                                              |

| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                               | Fax                                                                                                                 |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                       |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction; Adult Non-Residential Services Intensive Outpatrices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>is; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
| Other Services:           | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                    | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                       |                                                                                                                     |
|                           | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpati                                                                                                                                | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | esidential Services C<br>venile Assessment S                                                                        | Outpatient - Individual<br>Services Substance                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
|                           | Non-Treatment: Anger Management Class                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                   | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                     |
| Kiuntke, Jean             | Discovery Counseling, LLC                                                                                                                                                                                                           | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)606-3084                                                                                                       | (402)606-4693                                                                                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                     | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Juvenile Assessment Services Substance Abuse Evaluations Outpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile No | uations; Juvenile No                                                                                                |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                     |

| Name                                                                   | Agency                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                                       | Fax                                                                              |
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| Kollmar, Judy                                                          | Oasis Counseling International                                                                                                                                                                              | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                          | (402)379-2030                                                                                               | (402)379-3933                                                                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Non-Treatment: Family Support Worker; Commu                                                                                                                                                                 | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                  |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                  |
| McCarthy, Kim                                                          | Oasis Counseling International                                                                                                                                                                              | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                          | (402)379-2030                                                                                               | (402)379-3933                                                                    |
|                                                                        | Non-Treatment: Family Support Worker; Commu<br>Sliding Fee Scale;                                                                                                                                           | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                  |
| Meier, Monica                                                          | <b>G</b> ,                                                                                                                                                                                                  | PO Box Omaha NB 68134                                                                                                                                                                                                                                                                                                                                                                                                               | (402)616-7269                                                                                               |                                                                                  |
| Mental Health Services:<br>Juvenile Services:                          | Adult Assessment Services Substance Abuse Ev<br>Bilingual Services;                                                                                                                                         | aluations                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                  |
| Millard, Laurie                                                        | Good Life Counseling & Support                                                                                                                                                                              | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                             | (402)371-3044                                                                                               | (402)371-9643                                                                    |
| Substance Abuse Services:                                              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                  |
|                                                                        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient Thera<br>Health; Intensive Outpatient: Intensive Outpatient | (bio-psychosocial) eatment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma -Mental Health; Outpatient Therapy including Group Sessions-Menta apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therap Mental Status Exam (MSE); Contracted Services: Tracker; Contract | inagement Class; No<br>il Health; Outpatient <sup>-</sup><br>ent: Intensive Outpati<br>y-Co-occurring; Asse | n-Treatment: Genera<br>Therapy including<br>ient Therapy-Mental<br>essment: Pre- |
| Other Services:                                                        | Bilingual Services;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                  |
| Osborn, Katlynn                                                        | Capstone Behavioral Health                                                                                                                                                                                  | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                         | (402)366-3472                                                                                               |                                                                                  |
| Substance Abuse Services:                                              | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile                                                                                                             | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                         | ring Treatment; Juve<br>sidential Services Out                                                              | nile Assessment                                                                  |
| Juvenile Services:                                                     | Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; Of<br>Sliding Fee Scale;                                                                                     | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                                                                                  |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone                                                                                             | Fax                                                                              |  |
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| Rezac, Jacqueline         | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)350-3267                                                                                     |                                                                                  |  |
|                           | Monitoring SA/MH; Adult Non-Residential Services<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residential<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; A<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient -<br>vices Outpatient - Co-Occurring Treatment; Adult Non-Residential<br>Evaluations; Juvenile Non-Residential Services Intervention/Educa<br>al Services Outpatient - Groups; Juvenile Non-Residential Services<br>nile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                   | Family; Adult Non-Re<br>Services Intensive Out<br>tion; Juvenile Non-Re<br>Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |  |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ` • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                  |  |
|                           | (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | utpatient Therapy including Family Sessions-Mental Health; Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ment: Pre-Treatment                                                                               | Assessment                                                                       |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                  |  |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)753-9415                                                                                     |                                                                                  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                  |  |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ce                                                                                                |                                                                                  |  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                  |  |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (417)413-0085                                                                                     | (308)832-4844                                                                    |  |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                        | e 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Outpatient Therapy, The Treatment Assessment (No-psychosocial), Co-occurring, Addits who Sexualy Harm Evaluation, Tsychological Evaluation  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-  Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth  Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;  Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring |                                                                                                   |                                                                                  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                  |  |
| 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 - 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                  |  |
|                           | Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                 | , ,                                                                              |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individua<br>ent Therapy including Family Sessions-Mental Health; Outpatient T<br>Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                  |  |

| Name                      | Agency                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                          | Fax                                                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Walton, Robert            | Phoenix House                                                                                                                                                                                               | 1571 23rd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                             | (402)841-3791                                                                                  | (402)302-1001                                                                                   |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reso-Occurring Treatment                                                                                                        | ult Non-Residential Sices Intervention/Edu                                                     | Services Outpatient - ucation; Juvenile                                                         |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                                 |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Residenting Treatment; Adult Non-Residential Services Intensive Outpativices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive O | sidential Services Or<br>ent Treatment; Adult<br>es Intervention/Educ<br>ntial Services Outpat | utpatient - Individual;<br>Residential Services<br>cation; Juvenile Non-<br>tient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                                 |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                             | atient Therapy - Individual-Mental Health; Outpatient Therapy includinental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                                 | Intensive Outpatient                                                                           | Therapy-Mental                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

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; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Adult Residential Services I                                                                                                                                                                                                                                         | dult Non-Residential                                                                                                  | Services Outpatient -                                                                               |
| Mental Health Services:<br>Juvenile Services:        | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                     |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                     |
| Barragan, Rosa                                       | Pathfinder Support Services                                                                                                                                                                                                                                       | 212 East 8 Street Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)721-1414                                                                                                         | (402)721-9251                                                                                       |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                     |
|                                                      | Out-Of-Home: Independent Living; Non-Treatmer Bilingual Services;                                                                                                                                                                                                 | nt: Family Support Worker; Non-Treatment: Day Reporting; Non-Trea                                                                                                                                                                                                                                                                                                                                                                                               | tment: Evening Rep                                                                                                    | orting                                                                                              |
| 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<br>Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R<br>Assessment Services Substance Abuse Evaluation<br>Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvervices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servi<br>ing Treatment; Adul-<br>rices Short Term Res<br>nile Non-Residential<br>ient - Family; Juveni | ces Outpatient -<br>t Non-Residential<br>sidential; Juvenile<br>Services Care<br>le Non-Residential |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                     |
| Juvenile Services:                                   | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                   | atient Therapy - Individual-Mental Health; Outpatient Therapy includiental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess                                                                                                                                                                                                                                                    | oy - Co-occurring; In                                                                                                 | tensive Outpatient:                                                                                 |
| Other Services:                                      | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                     |
| Becher, Deborah                                      | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)564-9994                                                                                                         | (402)562-6458                                                                                       |
| Substance Abuse Services:                            | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Residents; Adult Non-Residents; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                     |
| Mental Health Services:                              |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                     |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                              | Phone                                             | Fax                                     |
|---------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| Bendy, Laurie             |                                                                                                      | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                                                                                                                                                      | (402)807-2569                                     |                                         |
|                           | Family; Adult Non-Residential Services Outpatien                                                     | raluations; Adult Non-Residential Services Outpatient - Groups; Ac<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                            |                                                   | rvices Outpatient -                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                     |                                                   |                                         |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Camacho, Diana            | Good Life Counseling & Support                                                                       | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                              | (402)371-3044                                     |                                         |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien                                                     | valuations; Adult Non-Residential Services Intervention/Education;<br>nt - Individual; Juvenile Assessment Services Substance Abuse Ex<br>Services Outpatient - Family; Juvenile Non-Residential Services                                                                                                            | valuations; Juvenile No                           |                                         |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Cattau, Jeanne            | Apex Therapy Service                                                                                 | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                         | (402)851-4026                                     | (402)379-2487                           |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                                                   |                                                   |                                         |
| Juvenile Services:        |                                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Outpa<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Asse                                                                                                                                                                                    |                                                   |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                 | (402)564-9994                                     | (402)562-6458                           |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occlesidential Services Dual Residential (MH/SA); Juvenile Assessmential; Juvenile Non-Residential Services Outpatient - Individual; Jual Services Intensive Outpatient Treatment | curring Treatment; Adul<br>ent Services Substance | t Non-Residential<br>Abuse Evaluations; |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid)                 | utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                     | atient Therapy - Co-occ                           | urring; Assessment:                     |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                      |                                                   |                                         |
| Gregory, Nichole          |                                                                                                      | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                          | (402)720-1621                                     | (402)753-6445                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv    | raluations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>rices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Re                                    | ; Adult Non-Residentia<br>vices Intervention/Educ | Services Intensive ation; Juvenile Non- |

| Name                      | Agency                                                                                                                | Address                                                                                                                                                                                                                                                                             | Phone                                          | Fax                                            |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
|                           | Non-Treatment: General Education Class Sliding Fee Scale;                                                             |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Grothe, Maria             | Oasis Counseling International                                                                                        | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                          | (402)379-2030                                  | (402)379-3933                                  |
| Substance Abuse Services: |                                                                                                                       |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Mental Health Services:   |                                                                                                                       |                                                                                                                                                                                                                                                                                     |                                                |                                                |
|                           | Community Treatment Aide                                                                                              |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Other Services:           | Bilingual Services;                                                                                                   |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Hallstrom, Debra          |                                                                                                                       | 2170 N. Platte Ave. Fremont NB 68025                                                                                                                                                                                                                                                | (402)720-8220                                  | (402)753-6445                                  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile                       | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring                        | ing Treatment; Juve<br>dential Services Out    | nile Assessment                                |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                       | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                  | ent Assessment (bio                            | -psychosocial); Co-                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring                                                                                                                                                | t Therapy including                            | Family Sessions-                               |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                | asi, supulsik morapy so seedining, riscossinoni. So seedining                                                                                                                                                                                                                       |                                                |                                                |
| Hannappel, Mark           | Apex Therapy Service                                                                                                  | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                        | (402)851-4026                                  | (402)379-2487                                  |
| Substance Abuse Services: |                                                                                                                       |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Mental Health Services:   |                                                                                                                       |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient                 | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluation | atient: Intensive Outp<br>Outpatient- Eating D | oatienť Therapy-Menta<br>Disorder; Assessment: |
| Other Services:           | Sliding Fee Scale;                                                                                                    |                                                                                                                                                                                                                                                                                     |                                                |                                                |
| Hergott, Mariah           | Behavioral Health Specialist/Seekers of Serenity                                                                      | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                          | (402)370-3140                                  |                                                |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services                   |                                                                                                                                                                                                                                                                                     | dult Non-Residential<br>buse Evaluations; J    | Services Intensive uvenile Non-                |
| Juvenile Services:        | Outpatient Therapy - Individual-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;                                                                                                    |                                                                                                                                                                                                                                                                                     |                                                |                                                |

| Name                                               | Agency                                                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Phone                                                                                                              | Fax                                                                                                                  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Hunter, Linda                                      | Northeast Nebraska Psychological<br>Services, PC                                                                                                                                                                                          | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)685-4130                                                                                                      | (402)685-4132                                                                                                        |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Mental Health Services:                            | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                           | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych                                                                                                                                                                                                                                                                                                                                                                                                  | nological Evaluation                                                                                               |                                                                                                                      |
| Juvenile Services:                                 | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Present: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                          | re-Treatment Assess                                                                                                | sment (Medicaid);                                                                                                    |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Johnson, Jill                                      | Bryan Independence Center                                                                                                                                                                                                                 | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)481-5392                                                                                                      |                                                                                                                      |
| Substance Abuse Services.                          | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resourring Treatment; Adult Non-Residential Services Intensive Outpatrices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Service | esidential Services C<br>ient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual;<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                            |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Juvenile Services:                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Jones, James                                       | Community Justice Center                                                                                                                                                                                                                  | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)429-1050                                                                                                      |                                                                                                                      |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Mental Health Services:                            | Outpatient Therapy                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
|                                                    | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                              | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                      |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
| Kennedy, Jenna                                     | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                       | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)370-3140                                                                                                      |                                                                                                                      |
| Substance Abuse Services:  Mental Health Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Intensive Outpati                                                                                                                                         | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>Ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident<br>ent Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services Outpati                                                                                                                                                                       | esidential Services C<br>venile Assessment S                                                                       | Outpatient - Individual<br>Services Substance                                                                        |
|                                                    | Non-Treatment: Anger Management Class                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                      |
|                                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                         | anvices:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                                                                                                                      |
| Other dervices.                                    | onding ree scale, realing impalied, bilingual se                                                                                                                                                                                          | oi vioco,                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                                                      |

| Name                                                                                                                                                                               | Agency                                                                                                                                                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                             | Fax                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Kollmar, Judy                                                                                                                                                                      | Oasis Counseling International                                                                                                                                                                                                  | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                     | (402)379-3933                                                      |
| Substance Abuse Services:                                                                                                                                                          |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Mental Health Services:                                                                                                                                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Juvenile Services:                                                                                                                                                                 | Non-Treatment: Family Support Worker; Co                                                                                                                                                                                        | mmunity Treatment Aide                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                    |
| Other Services:                                                                                                                                                                    | Sliding Fee Scale;                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Lembke, Brenda                                                                                                                                                                     |                                                                                                                                                                                                                                 | 2170 N Platte Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                                             | (402)753-7556                                                                                     |                                                                    |
| Substance Abuse Services:                                                                                                                                                          | Groups; Adult Non-Residential Services Out<br>Substance Abuse Evaluations; Juvenile Nor                                                                                                                                         | se Evaluations; Adult Non-Residential Services Intervention/Education tpatient - Individual; Adult Non-Residential Services Intensive Outpation-Residential Services Intervention/Education; Juvenile Non-Resident Juvenile Non-Resident Services Intensive Outpatient Treatment                                                                               | ent Treatment; Juvenile A                                                                         | ssessment Service                                                  |
| Mental Health Services:                                                                                                                                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Juvenile Services:                                                                                                                                                                 |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Other Services:                                                                                                                                                                    | Sliding Fee Scale;                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Loberg, Katie                                                                                                                                                                      | Behavioral Health Specialist/Seekers o<br>Serenity                                                                                                                                                                              | of 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                  | (402)370-3140                                                                                     |                                                                    |
| Substance Abuse Services:                                                                                                                                                          | Adult Non-Residential Services Outpatient -<br>Adult Non-Residential Services Intensive Ou<br>Abuse Evaluations; Juvenile Non-Residentia                                                                                        | lult Assessment Services Substance Abuse Evaluations; Adult Non-R<br>Groups; Adult Non-Residential Services Outpatient - Family; Adult Noutpatient Treatment; Adult Residential Services Short Term Residential Services Intervention/Education; Juvenile Non-Residential Services Residential Services Outpatient - Individual; Juvenile Non-Residential      | on-Residential Services (<br>al; Juvenile Assessment (<br>Outpatient - Groups; Juv                | Outpatient - Individu<br>Services Substance<br>venile Non-Resident |
|                                                                                                                                                                                    |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Mental Health Services:                                                                                                                                                            | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                      | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Juvenile Services:                                                                                                                                                                 | Outpatient Therapy; Co-Occurring Sliding Fee Scale;                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                    |
| Juvenile Services:                                                                                                                                                                 | , , , , , , ,                                                                                                                                                                                                                   | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                     | (402)379-3933                                                      |
| Juvenile Services:<br>Other Services:                                                                                                                                              | Sliding Fee Scale;                                                                                                                                                                                                              | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                     |                                                                    |
| Juvenile Services:<br>Other Services:<br>McCarthy, Kim                                                                                                                             | Sliding Fee Scale; Oasis Counseling International                                                                                                                                                                               | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                     |                                                                    |
| Juvenile Services: Other Services:  McCarthy, Kim Substance Abuse Services: Mental Health Services: Juvenile Services:                                                             | Sliding Fee Scale;  Oasis Counseling International  Non-Treatment: Family Support Worker; Co                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                | (402)379-2030                                                                                     |                                                                    |
| Juvenile Services: Other Services:  McCarthy, Kim Substance Abuse Services: Mental Health Services: Juvenile Services:                                                             | Sliding Fee Scale; Oasis Counseling International                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                | (402)379-2030                                                                                     |                                                                    |
| Juvenile Services: Other Services:  McCarthy, Kim Substance Abuse Services: Mental Health Services: Juvenile Services:                                                             | Sliding Fee Scale;  Oasis Counseling International  Non-Treatment: Family Support Worker; Co                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                | (402)379-2030<br>(402)366-3472                                                                    |                                                                    |
| Juvenile Services: Other Services:  McCarthy, Kim  Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn                            | Sliding Fee Scale; Oasis Counseling International  Non-Treatment: Family Support Worker; Co Sliding Fee Scale; Capstone Behavioral Health  Adult Assessment Services Substance Abus Family; Adult Non-Residential Services Outp | mmunity Treatment Aide                                                                                                                                                                                                                                                                                                                                         | (402)366-3472<br>n; Adult Non-Residential<br>ccurring Treatment; Juve<br>Residential Services Out | (402)379-3933 Services Outpatient nile Assessment                  |
| Juvenile Services: Other Services:  McCarthy, Kim  Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn  Substance Abuse Services: | Sliding Fee Scale; Oasis Counseling International  Non-Treatment: Family Support Worker; Co Sliding Fee Scale; Capstone Behavioral Health  Adult Assessment Services Substance Abus Family; Adult Non-Residential Services Outp | nmunity Treatment Aide  1941 S 42nd Street, Ste. 328 Omaha NB 68105  se Evaluations; Adult Non-Residential Services Intervention/Education patient - Individual; Adult Non-Residential Services Outpatient - Co-Overnile Non-Residential Services Intervention/Education; Juvenile Non- nt - Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | (402)366-3472<br>n; Adult Non-Residential<br>ccurring Treatment; Juve<br>Residential Services Out | (402)379-3933 Services Outpatient nile Assessment                  |

| Name                      | Agency                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                  | Fax                                                               |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                   |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                   | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)370-3140                                                          | (402)370-3373                                                     |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>fult Non-Residential Services Outpatient - Individual; Adult Non-Residence<br>Sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Servinile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occu | ential Services Outp<br>sidential; Juvenile As<br>ces Outpatient - Far | atient - Co-Occurring<br>sessment Services<br>nily; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                   |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Psychological Evaluation; Assessment: Co-Occurri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ssessment: Pre-Trea                                                    |                                                                   |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                          | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)753-9415                                                          |                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ` ,                                                                    |                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                   |
|                           | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                     | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>!</b>                                                               |                                                                   |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                   |
| Sorensen, Rachel          | •                                                                                                                                                                                                  | 2170 North Platte Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)720-3992                                                          | (402)753-6445                                                     |
|                           |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                                                                      | ,                                                                 |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential<br>rices Intervention/Ed<br>esidential Services ( | Services Outpatient ucation; Juvenile Outpatient - Individual     |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse<br>Occurring                                                                                                                                       | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent Assessment (bio                                                    | psychosocial); Co-                                                |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me                                                                                                             | atient Therapy - Individual-Mental Health; Outpatient Therapy includin<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | y - Co-occurring; Int                                                  | ensive Outpatient:                                                |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                   |
| Turner-Beardslee, Nicole  | Nicole Turner Beardslee Counseling                                                                                                                                                                 | 221 E Grant St Wes Point NB 68788                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)649-6208                                                          | (888)861-8730                                                     |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adutient - Co-Occurring Treatment; Juvenile Assessment Services Substrantle Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indiv       | ance Abuse Evaluat                                                     | ons; Juvenile Non-                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                   |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt Therapy - Co-occu                                                   | ırring                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                   |

| 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                                                         |                                                                            |
|                                                    | Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential Ses Substance Abuse<br>-Residential Service       | Services Outpatient -<br>Evaluations; Juvenile<br>s Outpatient - Family;   |
|                                                    | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                       | - " - '                                                                    |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As                                                                                                                                                                                                                 |                                                                       |                                                                            |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co-   | amily; Adult Non-Res<br>vices Substance Abu<br>enile Non-Residentia   | sidential Services<br>use Evaluations;<br>al Services Outpatient           |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                          | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                         | nt Assessment (bio- <sub>l</sub>                                      | psychosocial); Co-                                                         |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                          | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The                                                                                                                                                                                                                |                                                                       |                                                                            |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Walton, Robert                                     | Phoenix House                                                                                                                                                                                                                                                                            | 1571 23rd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                                            | (402)841-3791                                                         | (402)302-1001                                                              |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - Co                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment                                                                               | ult Non-Residential Sices Intervention/Edu                            | Services Outpatient - ucation; Juvenile                                    |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Woslager, Tammy                                    | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                      | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                 | (402)370-3140                                                         |                                                                            |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se                                                                                                                                   | ssessment Services Substance Abuse Evaluations; Adult Non-Resider<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resourring Treatment; Adult Non-Residential Services Intensive Outpativices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>0-  | sidential Services Or<br>ent Treatment; Adult<br>es Intervention/Educ | utpatient - Individual;<br>t Residential Services<br>cation; Juvenile Non- |

| Name                    | Agency                                           | Address                                                                                                                                                                                                             | Phone                | Fax            |
|-------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|
| Mental Health Services: | Occurring Treatment; Juvenile Non-Residential Se | ervices Intensive Outpatient Treatment                                                                                                                                                                              |                      |                |
| Juvenile Services:      | Outpatient Therapy including Family Sessions-Me  | atient Therapy - Individual-Mental Health; Outpatient Therapy including<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:<br>Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | Intensive Outpatient | Therapy-Mental |
| Other Services:         | Sliding Fee Scale;                               |                                                                                                                                                                                                                     |                      |                |

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                | Fax                                                                       |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                          | (308)224-3338                                                        |                                                                           |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                       | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care;                                                                                                                                                                                                                                                                                                      | Non-Treatment: Fam                                                   | nily Support Worker;                                                      |
| Other Services:           | Bilingual Services;                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                | (402)564-9994                                                        | (402)562-6458                                                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Fent Treatment; Adult Residential Services Short Term Residential                                                                                                                                             |                                                                      |                                                                           |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Boyce, Shelley            | Shelley K Boyce, LIMHP, CPC                                                                                                       | 314 S 14th St Suite 101 Ord NB 68862                                                                                                                                                                                                                                                                                                                                | (308)728-9979                                                        | (308)728-9980                                                             |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                                                  | ent Therapy - Eating                                                 | Disorder                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                           |
| Brandyberry, Kyle         | Heartland Counseling                                                                                                              | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                                                                                                                      | (308)534-6029                                                        | (308)534-6961                                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Serv<br>; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N<br>ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residentia<br>ices Substance Abus<br>on-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:   | $\label{thm:continuous} \mbox{Outpatient The rapy: Pre-Treatment Assessment}$                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                           |
| Juvenile Services:        |                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; (SE); Assessment: Co-Occurring                                                                                                                                                                                                |                                                                      |                                                                           |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                              | , e                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                           |
| 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<br>Co-Occurring Treatment; Juvenile Non-Residenti                                 | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; all Services Intervention/Education; Juvenile Non-Residential Service Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                                  | Adult Non-Residentia<br>es Outpatient - Group                        | Services Outpatient -<br>s; Juvenile Non-                                 |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                          | Fax                                                       |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|
| Juvenile Services:        | Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                           |
| Florez, Thomas            | Thomas B Florez                                                                                                                                                                                                                                                                                                                                                                    | 403 Lexington Circle Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)370-1667                                                  |                                                           |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                  | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subse Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | stance Abuse Evaluation                                        | ons; Juvenile Non-                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion                                                           |                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                                                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpation to Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent Therapy - Co-occu                                          | rring; Assessment:                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                           |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                                                                                                                                                                       | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)737-1351                                                  |                                                           |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion                                                           |                                                           |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Day Treatment Day Treatment-Mental Health; Assessment Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | lental Health;<br>Health; Assessment:                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                 | on. Monda Status Exam (moz)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                           |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                                                | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                  | (402)562-6458                                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                                                                                                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occuresidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juval Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ring Treatment; Adult<br>Services Substance A                  | Non-Residential<br>Abuse Evaluations;                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Therapy - Co-occu                                          | rring; Assessment:                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                           |
| Hageman, Wendy            | Beacon of Hope Counseling Center LLC                                                                                                                                                                                                                                                                                                                                               | 308 W 4th St North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)532-0777                                                  |                                                           |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>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 Outpatient - Family - Famil | Family; Adult Non-Reservices Substance Abd; Juvenile Non-Resid | sidential Services<br>use Evaluations;<br>ential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or<br>Mental Health; Outpatient Therapy - Eating Disor                                                                                                                                                                                                                                                                              | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Therapy including F                                        | Family Sessions-                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                           |

| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone                                                                                                                           | Fax                                                                                                                   |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)481-5392                                                                                                                   |                                                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education;<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>Occurring Treatment; Adult Non-Residential Services Intensive Out-<br>vices Short Term Residential; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Groups; Juvenile Non-<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occure Non-Residential Services Partial Care; Juvenile Residential Services | -Residential Services (<br>patient Treatment; Adu<br>tance Abuse Evaluation<br>Residential Services O<br>rring Treatment; Juven | Outpatient - Individual<br>ult Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| Other Services:           | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| Kennedy, Jr., William T.  |                                                                                                                                                                                                                                     | 2267 N Webb Rd Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (308)390-6948                                                                                                                   | (308)624-2164                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                     | raluations; Adult Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | Services Outpatient -                                                                                                 |
| Montal Hoalth Sandoos     | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Co-Occurring                                                                                                                                                    | ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                       |
| Juvenile Services:        | Outpatient Therapy, 60-Occurring                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
|                           |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                         | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (308)284-4491                                                                                                                   | (308)284-4100                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
|                           | Non-Treatment: Family Support Worker                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                       |
| McDowell, Meredith        | Monty Shultz Counseling and<br>NeuroFeedback                                                                                                                                                                                        | 2002 Central Ave Kearney NB 68847-4473                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)708-9379                                                                                                                   |                                                                                                                       |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                             | raluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                    | - Family; Adult Non-Re<br>Services Intensive Ou<br>ation; Juvenile Non-Re<br>Outpatient - Family; J                             | esidential Services<br>tpatient Treatment;<br>esidential Services<br>uvenile Non-                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                                 | tient Therapy including                                                                                                         | Family                                                                                                                |

| Name                      | Agency                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                        | Fax                                   |  |
|---------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|--|
|                           | , ,                                                                                                     | ting Disorder; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                       |  |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                       |  |
| Stermensky, Dr. Gage      |                                                                                                         | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (417)413-0085                                | (308)832-4844                         |  |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance / le Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                    | Abuse Evaluations; J                         | uvenile Non-                          |  |
|                           |                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                       |  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Who Sexually Harm; Assessment: Pre-Treatment         | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Yout 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;                                                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                       |  |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                     | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)870-2630                                |                                       |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S        | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment                                                                                                                                                                                                              | dult Non-Residential vices Intervention/Ed   | Services Outpatient ucation; Juvenile |  |
| Mental Health Services:   | ·                                                                                                       | Š                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                       |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t Therapy including I                        | Family Sessions-                      |  |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                       |  |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                     | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)336-2800                                |                                       |  |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment                               | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                       |  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                       |  |
| Juvenile Services:        |                                                                                                         | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                       |  |
| 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 Outpatier Services Intensive Outpatient Treatment; Juvenile      | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                     | ing Treatment; Adult<br>Residential Services | Non-Residential Outpatient - Groups   |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                       |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid)                                            | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent: Pre-Treatment A                         | Assessment                            |  |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                       |  |

| Name Agency | Address | Phone | Fax |
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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<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>Services Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                    | al; Adult Non-Residential                                                                                                                                                                          | Services Outpatient                                                         |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                              | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |                                                                             |
| Other Services:                                                                                                                                                              | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                             |
| Becher, Deborah                                                                                                                                                              | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                          | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                | (402)564-9994                                                                                                                                                                                      | (402)562-6458                                                               |
| Substance Abuse Services:                                                                                                                                                    | Adult Non-Residential Services Outpatient - Gro                                                                                                                                                                                                                                                                                                                                                                                                           | Assessment Services Substance Abuse Evaluations; Adult Non-Reups; Adult Non-Residential Services Outpatient - Family; Adult Notitient Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                  | n-Residential Services (                                                                                                                                                                           |                                                                             |
| Mental Health Services:                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                             |
| Juvenile Services:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                             |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                             |
| Other Services:                                                                                                                                                              | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                             |
| Other Services:<br>Brown, Nicholas                                                                                                                                           | Sliding Fee Scale; Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                                    | 917 W 21st St PO Box 355 South Sioux City NB 6988                                                                                                                                                                                                                                                                                                                                                                   | 7 (402)494-3337                                                                                                                                                                                    | (402)494-3356                                                               |
| Brown, Nicholas                                                                                                                                                              | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                         | 917 W 21st St PO Box 355 South Sioux City NB 6988 valuations; Adult Non-Residential Services Intervention/Education cas Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential                                                                                                                                                                              | ; Adult Non-Residential<br>nt - Family; Adult Non-Re                                                                                                                                               | Services Care esidential Services                                           |
| Brown, Nicholas  Substance Abuse Services:                                                                                                                                   | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education ces Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient                                                                                                                                                                                                            | ; Adult Non-Residential<br>nt - Family; Adult Non-Re                                                                                                                                               | Services Care esidential Services                                           |
| Brown, Nicholas  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                      | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education ces Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient                                                                                                                                                                                                            | ; Adult Non-Residential<br>nt - Family; Adult Non-Re                                                                                                                                               | Services Care esidential Services                                           |
| Brown, Nicholas  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                      | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education ces Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient                                                                                                                                                                                                            | ; Adult Non-Residential<br>nt - Family; Adult Non-Re                                                                                                                                               | Services Care esidential Services                                           |
| Brown, Nicholas  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Camacho, Diana                                                     | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services;  Good Life Counseling & Support  Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpaties                                                 | valuations; Adult Non-Residential Services Intervention/Education ses Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential (bio-psychosocial); Co-Occurring                                                                                                                                                                            | ; Adult Non-Residential tr - Family; Adult Non-Residential Services Intensive Out (402)371-3044 ; Adult Non-Residential Evaluations; Juvenile Nor-Residential Services Intensive Out (402)371-3044 | Services Care esidential Services tpatient Treatment  Services Outpatient - |
| Brown, Nicholas  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Camacho, Diana                                                     | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services;  Good Life Counseling & Support  Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education tes Outpatient - Groups; Adult Non-Residential Services Outpatien ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential (bio-psychosocial); Co-Occurring  200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education ent - Individual; Juvenile Assessment Services Substance Abuse E | ; Adult Non-Residential tr - Family; Adult Non-Residential Services Intensive Out (402)371-3044 ; Adult Non-Residential Evaluations; Juvenile Nor-Residential Services Intensive Out (402)371-3044 | Services Care esidential Services tpatient Treatment                        |
| Brown, Nicholas  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Camacho, Diana  Substance Abuse Services:  Mental Health Services: | Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services;  Good Life Counseling & Support  Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education tes Outpatient - Groups; Adult Non-Residential Services Outpatien ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential (bio-psychosocial); Co-Occurring  200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education ent - Individual; Juvenile Assessment Services Substance Abuse E | ; Adult Non-Residential tr - Family; Adult Non-Residential Services Intensive Out (402)371-3044 ; Adult Non-Residential Evaluations; Juvenile Nor-Residential Services Intensive Out (402)371-3044 | Services Care esidential Services tpatient Treatment                        |

| 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 Outpatier<br>Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve<br>al Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ng Treatment; Adult<br>Residential Services | Non-Residential<br>Outpatient - Groups;  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                       | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ccurring                                    |                                          |
| Juvenile Services:        |                                                                                                       | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensi<br>lent Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | sive Outpatient                          |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                     | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                          |
| Frank, Abigail            | Heartland Counseling Services, Inc.                                                                   | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)336-2800                               | (402)336-2849                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S      | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family | dult Non-Residential                        | Services Outpatient - lucation; Juvenile |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring   | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | t Therapy including                         | Family Sessions-                         |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| Goodrich, Leslie          | Catholic Charities of the Diocese of Sioux City                                                       | 1601 Military Rd Sioux City IA 51103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (712)252-4547                               | (712)252-3785                            |
| Substance Abuse Services: | •                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                          | (bio-psychosocial); Adults who Sexually Harm Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                          |
| Juvenile Services:        |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                               | (402)562-6458                            |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R  | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ng Treatment; Adult<br>Services Substance   | Non-Residential Abuse Evaluations;       |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
|                           | Outpatient Therapy - Individual-Mental Health; Outpre-Treatment Assessment (Medicaid)                 | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therapy - Co-occi                        | urring; Assessment:                      |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                               | Phone                                                               | Fax                                                                      |
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| Gregory, Nichole          |                                                                                                                                                        | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                                           | (402)720-1621                                                       | (402)753-6445                                                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                      | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>ices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>e Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                                                          | dult Non-Residential                                                | Services Intensive ation; Juvenile Non-                                  |
| Mental Health Services:   | ·                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Groetken, Ryan            | Catholic Charities of the Diocese of Sioux City                                                                                                        | 1601 Military Rd Sioux City IA 51103                                                                                                                                                                                                                                                                                                                                  | (712)252-4547                                                       | (712)252-3785                                                            |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Mental Health Services:   | Outpatient Therapy; Adults who Sexually Harm E                                                                                                         | valuation                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                          |
| 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: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment; Juvenile Assessment Service<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>ces Substance Abuse<br>n-Residential Servic | Services Outpatient -<br>Evaluations; Juvenile<br>es Outpatient - Family |
| Mental Health Services:   |                                                                                                                                                        | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                    | ent Assessment (bio-                                                | -psychosocial); Co-                                                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>I; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                             | nt Therapy including                                                | Family Sessions-                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                   | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                          | (402)851-4026                                                       | (402)379-2487                                                            |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluat                                                                                      | atient: Intensive Outp<br>Outpatient- Eating D                      | atient Therapy-Menta<br>isorder; Assessment:                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                          |

| Name                      | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                     | Fax                                                                                                            |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                             |                                                                                                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | esidential Services O<br>tient Treatment; Adul<br>ace Abuse Evaluation<br>esidential Services Ou<br>ag Treatment; Juvenil | utpatient - Individua<br>t Residential Service<br>s; Juvenile Non-<br>itpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                             |                                                                                                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpati                                                                                                                                           | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R<br>ent Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | esidential Services O<br>venile Assessment S                                                                              | utpatient - Individua<br>ervices Substance                                                                     |
| Mental Health Services:   | ·                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                              | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                |
| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpate                                     | raluations; Adult Non-Residential Services Care Monitoring SA/MH; Asnt - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Adult Residential Services I renile Assessment Services Substance Abuse Evaluations; Juvenile I ratient - Groups; Juvenile Non-Residential Services Outpatient - Famil Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Trea | dult Non-Residential<br>Dual Residential (MH/<br>Non-Residential Servi<br>y; Juvenile Non-Resid                           | Services Outpatient<br>SA); Adult<br>ices Care Monitorino<br>dential Services                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                                                                |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Out                                                                                                                                                                                               | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Krejci, Ann               | Stephen Center                                                                                                                                                                                                                                 | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5453                                                                                                             | (402)715-5452                                                                                                  |
|                           | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -Residential Services                                                                                                     | Outpatient - Co-                                                                                               |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                                                                |
| Juvenile Services:        | O                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                           | Fax                                                                          |
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| Laffin, Emily             | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                   |                                                                              |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adult Solution; Juvenile Solution; S | amily; Adult Non-Res<br>rvices Intensive Outp<br>on; Juvenile Non-Res<br>utpatient - Family; Ju | sidential Services<br>patient Treatment;<br>idential Services<br>venile Non- |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                         | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ccurring                                                                                        |                                                                              |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpatie                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erapy - Co-occurring;                                                                           | Intensive Outpatient:                                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Loberg, Katie             | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                     | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                   |                                                                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>pps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident<br>ent Treatment; Adult Residential Services Short Term Residential; Ju-<br>vices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | esidential Services Or<br>venile Assessment So<br>patient - Groups; Juve                        | utpatient - Individual;<br>ervices Substance<br>enile Non-Residential        |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Mackling, Jamie           | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                   | (402)494-3655                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dult Non-Residential Ses Substance Abusen-Residential Service                                   | Services Outpatient -<br>Evaluations; Juvenile<br>s Outpatient - Family;     |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Other Services            | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                       | ervices:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                              |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                            | Phone                                                                                       | Fax                                                                           |
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| Millard, Laurie                                    | Good Life Counseling & Support                                                                                                                                                                               | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                            | (402)371-3044                                                                               | (402)371-9643                                                                 |
| Substance Abuse Services:                          |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                               |
| Juvenile Services:                                 | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual-<br>Family Sessions-Mental Health; Outpatient Thera<br>Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental upy - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; Nor<br>Health; Outpatient 1<br>nt: Intensive Outpati<br>-Co-occurring; Asse | n-Treatment: Genera<br>herapy including<br>ent Therapy-Mental<br>ssment: Pre- |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Mousel, Allison                                    | Heartland Counseling Services, Inc.                                                                                                                                                                          | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                 | (402)494-3337                                                                               |                                                                               |
| Substance Abuse Services:                          |                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Family; Adult Non-Residential Services Outpatient - In                                                                                                                                                                                                                                                                         |                                                                                             |                                                                               |
| Mental Health Services:                            |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Juvenile Services:                                 |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                            | ervices;                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                                                               |
| 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<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Mental Health Services:                            | Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                            | (bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                               |
| Juvenile Services:                                 |                                                                                                                                                                                                              | 3                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                                                               |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Post, Jennifer                                     | Community Monitoring Services, Inc                                                                                                                                                                           | 1000 W 29th St Ste 319 South Sioux City NB 51054                                                                                                                                                                                                                                                                                                                                                                   | (402)412-2787                                                                               | (402)412-2788                                                                 |
| Substance Abuse Services:                          |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Mental Health Services:                            |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Juvenile Services:                                 | Non-Treatment: Family Support Worker                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |
| Roberts, Kristine                                  | Nebraska Mediation Center                                                                                                                                                                                    | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                             | (402)753-9415                                                                               |                                                                               |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                               |

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                                         | Fax                                                                                                   |
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| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                        | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                   | (417)413-0085                                                                                 | (308)832-4844                                                                                         |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi                                                                                                                                                                                                     | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance Ale Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                           |                                                                                               |                                                                                                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation                                                                                                                                                                                                                                                                                                                                                                | on; Psychological E                                                                           | valuation                                                                                             |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie<br>t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A<br>Assessment; Assessment: Co-Occurring                                                                                                                                                                              | nt: Intensive Outpat                                                                          | ient Therapy-Youth                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                       |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                       | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                           | (402)370-3140                                                                                 |                                                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                            | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic                            | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family;                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                       |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juvenil                                            | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Treatment; Adult Non-Residential Services Intensive Outpat<br>rvices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>o-Occurring Treatment; Juvenile Non-Residential Services Intensive ( | esidential Services C<br>ient Treatment; Adu<br>ces Intervention/Edu<br>ential Services Outpa | Outpatient - Individual;<br>It Residential Services<br>Ication; Juvenile Non-<br>atient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                       |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                        | atient Therapy - Individual-Mental Health; Outpatient Therapy includin<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:<br>: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                 | Intensive Outpatier                                                                           | nt Therapy-Mental                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                       |

| Name                                              | Agency                                                                                                                                                                                                                                                      | Add                                                                                                          | dress                                                                                                     | Phone                                                               | Fax                                            |
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| Youngberg, Aaron                                  | Heartland Counseling Services, Inc.                                                                                                                                                                                                                         | 917 W 21st St PO Box 355                                                                                     | South Sioux City NB 69887                                                                                 | (402)494-3337                                                       |                                                |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                | aluations                                                                                                    |                                                                                                           |                                                                     |                                                |
| Juvenile Services:                                | Outpatient Therapy - Individual-Mental Health; Outpettal Health                                                                                                                                                                                             | utpatient Therapy including Group                                                                            | Sessions-Mental Health; Outpatien                                                                         | t Therapy including                                                 | Family Sessions-                               |
| Other Services:                                   | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                      |                                                                                                              |                                                                                                           |                                                                     |                                                |
| Yunker, Kimberley                                 | 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<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential<br>Services Intensive Outpatient Trea<br>Juvenile Non-Residential Service | Services Outpatient - Individual; Adtment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nor | dult Non-Residential<br>es Substance Abuse<br>n-Residential Service | Services Outpatient -<br>Evaluations; Juvenile |
| Mental Health Services:                           |                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                           |                                                                     |                                                |
| Juvenile Services:                                | Non-Treatment: General Education Class                                                                                                                                                                                                                      |                                                                                                              |                                                                                                           |                                                                     |                                                |
| Other Services:                                   | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                           | rvices;                                                                                                      |                                                                                                           |                                                                     |                                                |

| Name                      | Agency                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                | Fax                                                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| Arriaga, Ruby             | Valley Youth Connections                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                        | (308)633-0112                                                  |
|                           | Non-Treatment: Family Support Worker; Non-Tre<br>Bilingual Services;                                                                                                                                                | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                |
| Arriaga-Velez, Brenda     | Valley Youth Connections                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                        | (308)633-0112                                                  |
|                           | Non-Treatment: Family Support Worker; Non-Tre Bilingual Services;                                                                                                                                                   | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                           | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                           | (402)475-7666                                                        | (402)476-9623                                                  |
|                           |                                                                                                                                                                                                                     | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Hart: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha                                                                                                                                                                                                                           |                                                                      |                                                                |
| Chavez, Mario             | Optimal Family Preservation                                                                                                                                                                                         | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                 | (308)633-3703                                                        | (308)633-3837                                                  |
|                           | Out-Of-Home Shelter Care; Out-Of-Home: Group<br>Reporting; Non-Treatment: General Education Cl<br>Bilingual Services;                                                                                               | Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment: ass                                                                                                                                                                                                                                                                                                     | Day Reporting; Non                                                   | -Treatment: Evening                                            |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adust Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | Family; Adult Non-Re<br>ervices Intensive Ou<br>; Juvenile Non-Resid | esidential Services<br>tpatient Treatment;<br>dential Services |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring Sliding Fee Scale;                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>g                                                                                                                                                                                                                   | nt Therapy including<br>Intensive Outpatient                         | Family Sessions-<br>Intensive Outpatient                       |

| Name                      | Agency                                                        | Address                                                                                                                                                                                                                   | Phone               | Fax                 |
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| 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-<br>lervices Outpatient - Family; Juvenile Non-Residential Services Outpatient                                                                     |                     |                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                          |                     |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Occo-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                       | 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:   | Outpatient Therapy; Pre-Treatment Assessment                  | (bio-psychosocial)                                                                                                                                                                                                        |                     |                     |
| Juvenile Services:        |                                                               | outpatient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men                                                                                |                     |                     |
| Other Services:           | Sliding Fee Scale;                                            |                                                                                                                                                                                                                           |                     |                     |
| Duarte, Christine         | Valley Youth Connections                                      | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                  | (308)633-0110       | (308)633-0112       |
| Substance Abuse Services: |                                                               |                                                                                                                                                                                                                           |                     |                     |
| Mental Health Services:   |                                                               |                                                                                                                                                                                                                           |                     |                     |
|                           | , ,,                                                          | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                  |                     |                     |
| Other Services:           | Bilingual Services;                                           |                                                                                                                                                                                                                           |                     |                     |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                          | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                     | (308)633-2070       |                     |
| Substance Abuse Services: |                                                               |                                                                                                                                                                                                                           |                     |                     |
| Mental Health Services:   |                                                               |                                                                                                                                                                                                                           |                     |                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                           |                                                                                                                                                                                                                           |                     |                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se             | ervices;                                                                                                                                                                                                                  |                     |                     |
| Hajek, Marilyn            | Destiny Counseling Services                                   | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                             | (308)254-0737       |                     |
|                           | Family; Adult Non-Residential Services Outpatier              | raluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr<br>sidential Services Outpatient - Groups; Juvenile Non-Residential Serv | eatment; Juvenile A | ssessment Services  |
| Mental Health Services:   |                                                               |                                                                                                                                                                                                                           |                     |                     |
|                           | Non-Treatment: Anger Management Class                         |                                                                                                                                                                                                                           |                     |                     |
| Other Services:           | Sliding Fee Scale;                                            |                                                                                                                                                                                                                           |                     |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                                                                     | Fax                                                                                                                 |
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| Jackson, Alona            | Jenda Family Services, LLC                                                                                                                                                                                                                                    | 815 K Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)474-0011                                                                                                             |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                               | er Care (Agency Supported); Non-Treatment: Family Support Worke                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | er; Contracted Services                                                                                                   | s: Electronic                                                                                                       |
| Other Services:           | Monitoring; Out-Of-Home: Foster Care (Relative Bilingual Services;                                                                                                                                                                                            | r/Kinsnip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Other Corvides.           | Dillingual Gervices,                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                     | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)481-5392                                                                                                             |                                                                                                                     |
|                           | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Education; Jups; Adult Non-Residential Services Outpatient - Family; Adult Non-Occurring Treatment; Adult Non-Residential Services Intensive Outprices Short Term Residential; Juvenile Assessment Services Substigenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurille Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | Residential Services of<br>patient Treatment; Adu<br>ance Abuse Evaluation<br>Residential Services Oring Treatment; Juven | Outpatient - Individua<br>Ilt Residential Servicens;<br>Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                      | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)429-1050                                                                                                             |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
|                           | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                                  | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Karell, Christine         | Christine Karell PC LLO                                                                                                                                                                                                                                       | 815 Flack Ave Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (308)762-2723                                                                                                             | (308)217-4277                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Juvenile Services:        | Assessment: Mental Status Exam (MSE); Asses                                                                                                                                                                                                                   | ssment: Medication Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                                                      | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                                                                             | (308)633-0112                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tr                                                                                                                                                                                                                  | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                                                     |

| Name                      | Agency                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                           | Phone                                      | Fax                                      |
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| 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<br>Family; Adult Non-Residential Services Outpatier                                                                                                                                        | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual                                                                                                                                                                                                          | Non-Residential Se                         | rvices Outpatient -                      |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
|                           | Outpatient Therapy including Family Sessions-M                                                                                                                                                                                          | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health                                                                                                                                                                                                             | ng Group Sessions-I                        | Mental Health;                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
| Price, Amanda             | Inspirit Counseling                                                                                                                                                                                                                     | 709 W 4th St Suite 2 Chadron NB 69337                                                                                                                                                                                                                                                             | (308)430-1944                              |                                          |
| Substance Abuse Services: |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                            | (bio-psychosocial)                                                                                                                                                                                                                                                                                |                                            |                                          |
|                           | Mental Health; Assessment: Pre-Treatment Asse                                                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatienessment (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                            |
|                           | Co-Occurring Treatment; Juvenile Assessment S<br>Residential Services Outpatient - Co-Occurring T                                                                                                                                       |                                                                                                                                                                                                                                                                                                   | vices Outpatient - Ind                     | dividual; Juvenile Nor                   |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring                                                                                                                                                                                | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                 | ent Assessment (bio                        | -psychosocial); Co-                      |
|                           | Non-Treatment: Family Support Worker; Non-Tre<br>Evening Reporting; Non-Treatment: Anger Mana<br>Outpatient Therapy including Group Sessions-Mo<br>Intensive Outpatient: Intensive Outpatient Therap<br>(MSE); Assessment: Co-Occurring | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm<br>gement Class; Non-Treatment: General Education Class; Outpatient<br>ental Health; Outpatient Therapy including Family Sessions-Mental H<br>by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid                | Therapy - Individual ealth; Outpatient The | -Mental Health;<br>erapy - Co-occurring; |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
| Red Nest III, Edison      | Native Futures                                                                                                                                                                                                                          | 1227 Big Horn Alliance NB 69301                                                                                                                                                                                                                                                                   | (308)458-7795                              |                                          |
| Substance Abuse Services: |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                         | eatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Ev<br>Non-Treatment: Employment Placement Program; Non-Treatment: F                                                                                                                                                               |                                            | on-Treatment: Anger                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                            |                                          |
| Rodriguez, Juanita        | ACCS Inc                                                                                                                                                                                                                                | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                | (308)633-1390                              | (308)633-1393                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                         | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outdential Services Outdential Services Outdential Services Outpatient - Individual | uvenile Assessment                         | Services Substance                       |
| Mental Health Services:   | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                 |                                            |                                          |
| Juvenile Services:        | Non-Treatment: General Education Class; Non-T                                                                                                                                                                                           | reatment: Family Partner; Contracted Services: Electronic Monitoring                                                                                                                                                                                                                              |                                            |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                     | Fax                                                  |
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| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      |
| Santana, Melissa                                   | Guardian Light Family Services                                                                                                                                                                        | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                | (308)631-2665                                                             |                                                      |
| Substance Abuse Services:                          |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      |
| Mental Health Services:                            |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      |
| Juvenile Services:                                 | Non-Treatment: Family Support Worker                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      |
| Stermensky, Dr. Gage                               |                                                                                                                                                                                                       | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                             | (417)413-0085                                                             | (308)832-4844                                        |
| Juvenile Services:                                 | Residential Services Outpatient - Groups; Juveni<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Youth Who | ive Outpatient Treatment; Juvenile Assessment Services Substance Ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment; Assessment: Co-Occurring | ation; Psychological E<br>ent Therapy including<br>tient: Intensive Outpa | valuation<br>Family Sessions-<br>tient Therapy-Youtl |
| aylor, Jennifer                                    | Inspirit Counseling                                                                                                                                                                                   | 709 W 4th St Suite 2 Chadron NB 69337                                                                                                                                                                                                                                                                                                                                                                                          | (308)430-1944                                                             | (775)667-6079                                        |
| Mental Health Services:<br>Juvenile Services:      |                                                                                                                                                                                                       | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                       |                                                                           | rvices Outpatient -                                  |
| √aldez, Juan                                       | Valley Youth Connections                                                                                                                                                                              | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-0110                                                             | (308)633-0112                                        |
| Substance Abuse Services:  Mental Health Services: | valley Fouri Connections                                                                                                                                                                              | 23 C Detaile 11001 VV Cooksbiuli ND 03301                                                                                                                                                                                                                                                                                                                                                                                      | (300)033-0110                                                             | (300)033                                             |

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

| Name                                               | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                      | Fax                  |
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| 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 Outpatie<br>Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educatent - Individual; Adult Non-Residential Services Outpatient - Coe Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Coe Non-Residential Services Outpatien | -Occurring Treatment; Juver<br>on-Residential Services Out | nile Assessment      |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                      | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                      |
| Juvenile Services:                                 |                                                                                                   | Outpatient Therapy including Family Sessions-Mental Health; C<br>ment Assessment (Medicaid); Assessment: Mental Status Exal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            | Disorder; Outpatient |
| Other Services:                                    | Sliding Fee Scale; Bilingual Services;                                                            | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                          |                      |
| Andrews, Megan                                     | Boys Town                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                              |                      |
| Substance Abuse Services:                          |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Mental Health Services:                            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Juvenile Services:                                 | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)         | er Care (Agency Supported); Out-Of-Home: Emergency Foster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Care; Non-Treatment: Fam                                   | ily Support Worker;  |
| Other Services:                                    | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Avalos, Mayra                                      | Region II- Human Services                                                                         | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)324-6754                                              | (308)324-5518        |
| Substance Abuse Services:                          |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Mental Health Services:                            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| 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                                              |                      |
|                                                    |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                          |                      |
| Juvenile Services:                                 | Mental Health; Outpatient Therapy - Co-occurrin (Medicaid)                                        | Outpatient Therapy including Group Sessions-Mental Health; Ong; Intensive Outpatient: Intensive Outpatient Therapy-Mental H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                      |
| Other Services:                                    | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Danasah Karib                                      | HopeSpoke                                                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                              | (402)476-9623        |
| Benesch, Kevin                                     |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Benesch, Kevin Substance Abuse Services:           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| ·                                                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                      |
| Substance Abuse Services:  Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm                                                      | ; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh<br>ent: Psychological Evaluation; Assessment: Juvenile Who Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                      |

| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A<br>SE); Assessment: Co-Occurring                                                                                                                                                                            | 1,                                                                 | ,                                                                          |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Cooper, Rayla             | Lutheran Family Services of NE Inc                                                                                                                                                                                                                     | 120 East 12th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                  | (308)532-0587                                                      |                                                                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment                                                                                                                                                                |                                                                    | •                                                                          |
| Mental Health Services:   | ,                                                                                                                                                                                                                                                      | '                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Crawford, Makayla         | Region II- Human Services                                                                                                                                                                                                                              | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                    | (308)284-6767                                                      | (308)284-3084                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Fisher, Joel              | Region II- Human Services                                                                                                                                                                                                                              | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                 | (308)539-1387                                                      | (308)532-1157                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
|                           | Non-Treatment: Professional Partner                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                      | ervices;                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                            |
| 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 Subster Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                                                                                                             | ance Abuse Evaluat                                                 | ions; Juvenile Non-                                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                                                                                                                       | ion                                                                |                                                                            |
|                           | 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;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                            |

| Name                      | Agency                                                              | Address                                                                                                                                                                                                                      | Phone                         | Fax                |
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| Gill, Janeen              | Serenity Counseling Services                                        | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                     | (308)737-1351                 |                    |
| Substance Abuse Services: |                                                                     |                                                                                                                                                                                                                              |                               |                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                        | (bio-psychosocial); Co-Occurring; Adults who Sexually Harr                                                                                                                                                                   | n Evaluation                  |                    |
| Juvenile Services:        |                                                                     | patient Therapy - Individual-Mental Health; Outpatient Therap<br>lental Health; Outpatient Therapy - Eating Disorder; Day Tre<br>nent: Mental Status Exam (MSE)                                                              |                               |                    |
| Other Services:           | Sliding Fee Scale;                                                  |                                                                                                                                                                                                                              |                               |                    |
| Hajek, Marilyn            | Destiny Counseling Services                                         | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                                | (308)254-0737                 |                    |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie                     | valuations; Adult Non-Residential Services Outpatient - Grount - Individual; Adult Non-Residential Services Intensive Outsidential Services Outpatient - Groups; Juvenile Non-Reside                                         | patient Treatment; Juvenile A | ssessment Services |
| Mental Health Services:   |                                                                     |                                                                                                                                                                                                                              |                               |                    |
| Juvenile Services:        | Non-Treatment: Anger Management Class                               |                                                                                                                                                                                                                              |                               |                    |
| Other Services:           | Sliding Fee Scale;                                                  |                                                                                                                                                                                                                              |                               |                    |
| Harvey, Deborah           | Harvey Counseling                                                   | 101 W 8th St Suite A Lexington NB 68550                                                                                                                                                                                      | (308)324-7017                 | (866)578-3559      |
| Substance Abuse Services: |                                                                     |                                                                                                                                                                                                                              |                               |                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                        | (bio-psychosocial)                                                                                                                                                                                                           |                               |                    |
| Juvenile Services:        |                                                                     | outpatient Therapy including Family Sessions-Mental Health;                                                                                                                                                                  | Assessment: Pre-Treatment     | Assessment         |
| Other Services:           | (Medicaid); Assessment: Mental Status Exam (N<br>Sliding Fee Scale; | ISE)                                                                                                                                                                                                                         |                               |                    |
| Hipple, George            | Greater Nebraska Monitoring, LLC                                    | 105 W. 6th St. North Platte NB 69101                                                                                                                                                                                         | (308)520-8308                 |                    |
| Substance Abuse Services: |                                                                     |                                                                                                                                                                                                                              |                               |                    |
| Mental Health Services:   |                                                                     |                                                                                                                                                                                                                              |                               |                    |
| Juvenile Services:        | Contracted Services: Electronic Monitoring                          |                                                                                                                                                                                                                              |                               |                    |
| Other Services:           | Sliding Fee Scale;                                                  |                                                                                                                                                                                                                              |                               |                    |
| Johnson (Aswegan), Betty  |                                                                     | 513 N Grant Suite D Plum Creek Mall Lexington N                                                                                                                                                                              | B 68850 (308)440-8054         | (308)234-6604      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                     | valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Indrvices Intervention/Education; Juvenile Non-Residential Serdential Services Outpatient - Individual | ividual; Juvenile Assessment  | Services Substance |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                             |                               |                    |
| Juvenile Services:        |                                                                     | outpatient Therapy including Family Sessions-Mental Health;<br>ment Assessment (Medicaid); Assessment: Mental Status Ex                                                                                                      |                               |                    |
|                           | morapy of total mig, recommend to the                               | ment / too comment (mean cana), / too comment mental chatac =/                                                                                                                                                               | (WOL), 7.000001110111. 00     | Coodining          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Non-Residential Services Intensive Outpatient Treatment

| Name                      | Agency                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                  | Fax                                                                                                                |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                        | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                          |                                                                                                                    |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grot<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser-<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>tient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individua<br>Ilt Residential Servid<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Other Services:           | 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;                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| 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-0                                                                                                                                                                                                                 | ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R<br>Occurring Treatment; Juvenile Non-Residential Services Outpatient -<br>ervices Outpatient - Individual; Juvenile Non-Residential Services Out                                                                                                                                                                                                                                                                       | Groups; Juvenile No                                                                                                    | n-Residential Service                                                                                              |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                                                                                                                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                           | ent Assessment (bio                                                                                                    | -psychosocial)                                                                                                     |
|                           | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale;                                                                                                                                                 | outpatient Therapy including Family Sessions-Mental Health; Outpatie<br>ment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                      | nt Therapy - Co-occ                                                                                                    | urring; Assessment:                                                                                                |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                                                      | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)284-4491                                                                                                          | (308)284-4100                                                                                                      |
|                           | Wiccoriaughy Discovery Center                                                                                                                                                                                                                                    | 40114 Oprace St. Oganala NB 03100                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (300)204-4431                                                                                                          | (300)204-4100                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Mental Health Services:   | Non Treatment, Family Cuppert Worker                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
|                           | Non-Treatment: Family Support Worker                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Lange, Robyn              | Two Bridges Counseling                                                                                                                                                                                                                                           | 513 N Grant St Ste 3A Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)324-0222                                                                                                          | (308)324-0225                                                                                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                           | dult Non-Residential<br>es Intervention/Educ                                                                           | Services Intensive ation; Juvenile Non-                                                                            |

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

Mental Health Services:

| Name                                               | Agency                                                                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                    | Fax                                                                       |
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| Juvenile Services:                                 |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
| Lieske, Donald                                     | Alabaster LLC DBA Alabaster Counseling                                                                                                                                                                                                                     | 1300 E 4th St Ste C North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)314-0673                                                                                                            |                                                                           |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-C<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Occurring Treatment; Juven                                                                                               | ile Assessment                                                            |
| Mental Health Services:                            | Outpatient Therapy                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
|                                                    | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | patient Therapy including F                                                                                              | amily Sessions-                                                           |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
| Martin, Kelly                                      | Touchstone                                                                                                                                                                                                                                                 | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)474-4343                                                                                                            | (402)474-6957                                                             |
| Substance Abuse Services:                          | Adult Residential Services Short Term Residentia                                                                                                                                                                                                           | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                           |
| Mental Health Services:                            |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
| McDowell, Meredith                                 | Monty Shultz Counseling and<br>NeuroFeedback                                                                                                                                                                                                               | 2002 Central Ave Kearney NB 68847-4473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)708-9379                                                                                                            |                                                                           |
| Substance Abuse Services:                          | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                                                    | aluations; Adult Non-Residential Services Intervention/Educationes Outpatient - Groups; Adult Non-Residential Services Outpatiervices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ent - Family; Adult Non-Res<br>ial Services Intensive Outp<br>ucation; Juvenile Non-Resi<br>ces Outpatient - Family; Juv | idential Services<br>atient Treatment;<br>dential Services<br>venile Non- |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                           |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                            | utpatient Therapy including Group Sessions-Mental Health; Outp<br>der; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | patient Therapy including F                                                                                              | amily Sessions-                                                           |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                           |
|                                                    |                                                                                                                                                                                                                                                            | 312 North Elm Street Suite 105 Grand Island NB 6880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4 (200)202 2200                                                                                                          |                                                                           |
| Rivera, Elia                                       |                                                                                                                                                                                                                                                            | 312 Notth Lim Street Suite 103 Grand Island ND 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 (308)383-2208                                                                                                          |                                                                           |
|                                                    | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                           | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family - Fam | n; Adult Non-Residential Se<br>al; Adult Non-Residential S<br>I Services Intervention/Edu                                | Services Outpatient cation; Juvenile                                      |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju                                                                                                       | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n; Adult Non-Residential Se<br>al; Adult Non-Residential S<br>I Services Intervention/Edu                                | Services Outpatient cation; Juvenile                                      |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C<br>Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n; Adult Non-Residential Se<br>al; Adult Non-Residential Se<br>I Services Intervention/Edu<br>Ion-Residential Services O | Services Outpatient<br>cation; Juvenile<br>utpatient - Individua          |

| Name                      | Agency                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                         | Fax                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| Rodriguez-Divis, Marie    | Goodwill Industries of Greater Nebraska                                                                                                     | 2401 Plum Creek Parkway Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)324-7366                                 | (308)342-5481                         |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Mental Health Services:   | Outpatient Therapy                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Juvenile Services:        |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Other Services:           | Bilingual Services;                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Romero, Ana               | Region II- Human Services                                                                                                                   | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)324-6754                                 |                                       |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
|                           | Non-Treatment: Professional Partner                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Sc                                                                                           | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                       |
| 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                                                                                            | valuations; Adult Non-Residential Services Outpatient - Family; Adult atient - Co-Occurring Treatment; Juvenile Assessment Services Substile Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ance Abuse Evaluati                           | ons; Juvenile Non-                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring                                        | outpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: 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                         |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                       | valuations; Adult Non-Residential Services Outpatient - Groups; Adult sive Outpatient Treatment; Juvenile Assessment Services Substance ile Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Abuse Evaluations; c                          | luvenile Non-                         |
|                           | 137                                                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat<br>outpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , , ,                                         |                                       |
|                           | Mental Health; Outpatient Therapy - Youth Who<br>Who Sexually Harm; Assessment: Pre-Treatmen<br>Assessment: Juvenile Who Sexually Harm Risk | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ent: Intensive Outpati                        | ent Therapy-Youth                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                                                         | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)870-2630                                 |                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                            | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Seruvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | dult Non-Residential<br>vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services:   | ·                                                                                                                                           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                       |
|                           | Mental Health                                                                                                                               | outpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therapy including                          | Family Sessions-                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |

| Name                      | Agency                                                                                        | Address                                                                                                                                                                                                                                                                               | Phone                                                | Fax                                       |
|---------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|
| Tidyman, Mary             | Heartland Counseling                                                                          | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                                        | (308)534-6029                                        |                                           |
| Substance Abuse Services: |                                                                                               | Evaluations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                    | n; Adult Non-Residential                             | Services Outpatient -                     |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outp                                                   | atient - Individual                                                                                                                                                                                                                                                                   |                                                      |                                           |
| Juvenile Services:        |                                                                                               |                                                                                                                                                                                                                                                                                       |                                                      |                                           |
|                           | Sliding Fee Scale;                                                                            |                                                                                                                                                                                                                                                                                       |                                                      |                                           |
| Carol Corvidos.           | Silding Fee Scale,                                                                            |                                                                                                                                                                                                                                                                                       |                                                      |                                           |
| White, Sarah              | Region II- Human Services                                                                     | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                              | (308)532-4860                                        | (308)532-1157                             |
| Substance Abuse Services: |                                                                                               |                                                                                                                                                                                                                                                                                       |                                                      |                                           |
| Mental Health Services:   |                                                                                               |                                                                                                                                                                                                                                                                                       |                                                      |                                           |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                           |                                                                                                                                                                                                                                                                                       |                                                      |                                           |
| 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 Outpa<br>Services Intensive Outpatient Treatment; Juve | E Evaluations; Adult Non-Residential Services Outpatient - Groups;<br>atient - Individual; Adult Non-Residential Services Outpatient - Co-C<br>enile Assessment Services Substance Abuse Evaluations; Juvenile<br>- Family; Juvenile Non-Residential Services Outpatient - Individual | Occurring Treatment; Adul<br>Non-Residential Service | t Non-Residential<br>s Outpatient - Group |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessme                                                    | ent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                  |                                                      |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health (Medicaid)                                      | ; Outpatient Therapy including Family Sessions-Mental Health; Ass                                                                                                                                                                                                                     | sessment: Pre-Treatment                              | Assessment                                |
| Other Services:           | Sliding Fee Scale;                                                                            |                                                                                                                                                                                                                                                                                       |                                                      |                                           |

| Name                                                                       | Agency                                                            | Address                                                                                                                                                                                                     | Phone         | Fax           |
|----------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Arriaga, Ruby                                                              | Valley Youth Connections                                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                    | (308)633-0110 | (308)633-0112 |
| Substance Abuse Services:<br>Mental Health Services:                       |                                                                   |                                                                                                                                                                                                             |               |               |
|                                                                            | Non-Treatment: Family Support Worker; Non-Tre Bilingual Services; | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                     |               |               |
| Arriaga-Velez, Brenda                                                      | Valley Youth Connections                                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                    | (308)633-0110 | (308)633-0112 |
|                                                                            | Non-Treatment: Family Support Worker; Non-Tre Bilingual Services; | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                     |               |               |
| Becher, Deborah                                                            | Behavioral Health Specialist/Seekers of Serenity                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                        | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services:                                                  | Adult Non-Residential Services Outpatient - Grou                  | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential |               |               |
| Mental Health Services:<br>Juvenile Services:                              |                                                                   |                                                                                                                                                                                                             |               |               |
|                                                                            | Sliding Fee Scale;                                                |                                                                                                                                                                                                             |               |               |
| Benesch, Kevin                                                             | HopeSpoke                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                  | (402)475-7666 | (402)476-9623 |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: |                                                                   | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuant: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha                                                                        |               |               |
| Other Services:                                                            | Sliding Fee Scale;                                                |                                                                                                                                                                                                             |               |               |
| Crouch, Samuel                                                             | Valley Youth Connections                                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                    | (308)225-0500 |               |
| Juvenile Services:                                                         |                                                                   | (bio-psychosocial)<br>utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl<br>ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men                                         |               |               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                                                                                             | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax                                                                                                                         |
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| Duarte, Christine                                                                                                                                | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)633-0110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)633-0112                                                                                                               |
| Substance Abuse Services:                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Mental Health Services:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Juvenile Services:                                                                                                                               | Non-Treatment: Family Support Worker; Non-                                                                                                                                                                                                                                                                                                                                                                                                                                            | Treatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |
| Other Services:                                                                                                                                  | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Gabel, Bradley                                                                                                                                   | Region 1 Behavioral Health Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)633-2070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |
| Substance Abuse Services:                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Mental Health Services:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Juvenile Services:                                                                                                                               | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Other Services:                                                                                                                                  | Sliding Fee Scale; Hearing Impaired; Bilingual                                                                                                                                                                                                                                                                                                                                                                                                                                        | Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |
| Hajek, Marilyn                                                                                                                                   | Destiny Counseling Services                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)254-0737                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |
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| Substance Abuse Services:                                                                                                                        | Family; Adult Non-Residential Services Outpar                                                                                                                                                                                                                                                                                                                                                                                                                                         | Evaluations; Adult Non-Residential Services Outpatient - Grotient - Individual; Adult Non-Residential Services Intensive Of Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | utpatient Treatment; Juvenile As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssessment Services                                                                                                          |
| Mental Health Services:                                                                                                                          | Family; Adult Non-Residential Services Outpat<br>Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                               | tient - Individual; Adult Non-Residential Services Intensive O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Treatment; Juvenile As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssessment Services                                                                                                          |
| Mental Health Services:<br>Juvenile Services:                                                                                                    | Family; Adult Non-Residential Services Outpat<br>Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual<br>Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                                                                      | tient - Individual; Adult Non-Residential Services Intensive O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Treatment; Juvenile As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssessment Services                                                                                                          |
| Mental Health Services:<br>Juvenile Services:                                                                                                    | Family; Adult Non-Residential Services Outpat<br>Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                               | tient - Individual; Adult Non-Residential Services Intensive O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Treatment; Juvenile As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssessment Services                                                                                                          |
| Mental Health Services:<br>Juvenile Services:                                                                                                    | Family; Adult Non-Residential Services Outpat<br>Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual<br>Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                                                                      | tient - Individual; Adult Non-Residential Services Intensive O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Treatment; Juvenile As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssessment Services                                                                                                          |
| Mental Health Services:<br>Juvenile Services:<br>Other Services:<br>Johnson, Jill                                                                | Family; Adult Non-Residential Services Outpate Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Non-Treatment: Anger Management Class Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Adult Non-Residential Services Outpatient - Gall Non-Residential Services Outpatient - Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient | tient - Individual; Adult Non-Residential Services İntensive O<br>Residential Services Outpatient - Groups; Juvenile Non-Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Treatment; Juvenile Adential Services Outpatient - Far  (402)481-5392  ucation; Adult Non-Residential Services Consive Outpatient Treatment; Adultes Substance Abuse Evaluation ille Non-Residential Services Or Co-Occurring Treatment; Juvenile Valuation Co-Occurring Treatment; Juveniles Co-Occurring Treatment Co-Occurr | Services Partial Care Outpatient - Individua It Residential Servic Is; Juvenile Non- utpatient - Family; Ie Non-Residential |
| Mental Health Services:<br>Juvenile Services:<br>Other Services:<br>Johnson, Jill                                                                | Family; Adult Non-Residential Services Outpate Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Non-Treatment: Anger Management Class Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Adult Non-Residential Services Outpatient - Gall Non-Residential Services Outpatient - Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient | tient - Individual; Adult Non-Residential Services İntensive Or<br>Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Ed roups; Adult Non-Residential Services Outpatient - Family; A o-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juver - Individual; Juvenile Non-Residential Services Outpatient - Occupatient - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - | utpatient Treatment; Juvenile Adential Services Outpatient - Far  (402)481-5392  ucation; Adult Non-Residential Services Consive Outpatient Treatment; Adultes Substance Abuse Evaluation ille Non-Residential Services Or Co-Occurring Treatment; Juvenile Valuation Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurr | Services Partial Care Outpatient - Individua It Residential Servic Is; Juvenile Non- utpatient - Family; Ie Non-Residential |
| Mental Health Services: Juvenile Services: Other Services:  Johnson, Jill Substance Abuse Services:                                              | Family; Adult Non-Residential Services Outpate Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Non-Treatment: Anger Management Class Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Adult Non-Residential Services Outpatient - Gall Non-Residential Services Outpatient - Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient | tient - Individual; Adult Non-Residential Services İntensive Or<br>Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Ed roups; Adult Non-Residential Services Outpatient - Family; A o-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juver - Individual; Juvenile Non-Residential Services Outpatient - Occupatient - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - | utpatient Treatment; Juvenile Adential Services Outpatient - Far  (402)481-5392  ucation; Adult Non-Residential Services Consive Outpatient Treatment; Adultes Substance Abuse Evaluation ille Non-Residential Services Or Co-Occurring Treatment; Juvenile Valuation Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment; Juveniles Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurring Treatment Co-Occurr | Services Partial Care Outpatient - Individua It Residential Servic Is; Juvenile Non- utpatient - Family; Ie Non-Residential |
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Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Residential Services Outpatient - Co-Occurr  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Occurring  Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger N Outpatient Therapy including Group Sessior Intensive Outpatient: Intensive Outpatient Th (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-I Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                      | (308)284-4491 (308)633-0110                                     | (308)284-4100                           |
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| Mental Health Services:     Juvenile Services: Non-Treatment: Family Support Worker     Other Services: Bilingual Services;  Marquez, Jacque Valley Youth Connections  Substance Abuse Services:     Mental Health Services:     Juvenile Services: Non-Treatment: Family Support Worker; No     Other Services: Open Door  Substance Abuse Services: Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessm Residential Services Outpatient - Co-Occurr Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Occurring Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger N Outpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Th (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family - Juvenile Non-Intensive Outpatient - Family - Juvenile Non-Intensive Outpatient - Family - Juvenile Non | -Treatment: Day Reporting; Non-Treatment: Evening Reporting 1870 9th St Gering NB 69341                                                                                                                                                                          |                                                                 | (308)633-0112                           |
| Juvenile Services: Non-Treatment: Family Support Worker Other Services: Bilingual Services;  Marquez, Jacque Valley Youth Connections  Substance Abuse Services: Mental Health Services: Juvenile Services: Non-Treatment: Family Support Worker; No Other Services: Bilingual Services;  Raney, Sandra Open Door  Substance Abuse Services: Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessm Residential Services Outpatient - Co-Occurring Unvenile Pre-Treatment Occurring  Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Moutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Themsive Outpatient Intensive Outpatient Intensive Outpatient Intensive Outpatient Themsive Outpatient | -Treatment: Day Reporting; Non-Treatment: Evening Reporting 1870 9th St Gering NB 69341                                                                                                                                                                          |                                                                 | (308)633-0112                           |
| Other Services: Bilingual Services;  Marquez, Jacque Valley Youth Connections  Substance Abuse Services:     Mental Health Services:     Juvenile Services: Non-Treatment: Family Support Worker; No Other Services: Bilingual Services;  Raney, Sandra Open Door  Substance Abuse Services: Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessments Residential Services Outpatient - Co-Occurring University Outpatient Therapy; Juvenile Pre-Treatment Occurring  Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Moutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Themsive Outpatient Therapy Including Group Session Intensive Outpatient: Intensive Outpatient Therapy Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family - Family - Family - Family - Family - Family - Family -  | -Treatment: Day Reporting; Non-Treatment: Evening Reporting 1870 9th St Gering NB 69341                                                                                                                                                                          |                                                                 | (308)633-0112                           |
| Marquez, Jacque  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Non-Treatment: Family Support Worker; No Other Services:  Bilingual Services;  Raney, Sandra  Open Door  Substance Abuse Services:  Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment; Doccurring Treatment Occurring Treatment Pre-Treatment Occurring  Juvenile Services:  Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient: Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Inclu | -Treatment: Day Reporting; Non-Treatment: Evening Reporting 1870 9th St Gering NB 69341                                                                                                                                                                          |                                                                 | (308)633-0112                           |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Non-Treatment: Family Support Worker; No Other Services:  Bilingual Services;  Raney, Sandra  Open Door  Substance Abuse Services:  Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment: Family Support Worker; No Occurring  Juvenile Services:  Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Themsive Outpatient Themsive Outpatient: Intensive Outpatient Themsive Outpatie | -Treatment: Day Reporting; Non-Treatment: Evening Reporting 1870 9th St Gering NB 69341                                                                                                                                                                          |                                                                 | (308)633-0112                           |
| Mental Health Services:     Juvenile Services: Non-Treatment: Family Support Worker; No     Other Services: Bilingual Services;  Raney, Sandra Open Door  Substance Abuse Services: Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Occurring  Juvenile Services: Non-Treatment: Family Support Worker; Nonevening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Themsive Outpatient: Intensive Outpatient Themsive Outpatient: Intensive Outpatient Themsive Outpatient: Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                      | (308)225-4335                                                   |                                         |
| Juvenile Services: Non-Treatment: Family Support Worker; No Other Services: Bilingual Services;  Raney, Sandra Open Door  Substance Abuse Services: Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Occurring  Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient The (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family; Juvenile Non-Intentional Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family -  | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                      | (308)225-4335                                                   |                                         |
| Other Services: Bilingual Services;  Raney, Sandra Open Door  Substance Abuse Services: Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment: Pre-Treatment Occurring  Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family - Intensive Outpatient - Family - Intensive Outpatient - Family - Intensive Outpat | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                      | (308)225-4335                                                   |                                         |
| Substance Abuse Services:  Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment: Occurring Outpatient Therapy; Juvenile Pre-Treatment Occurring  Juvenile Services:  Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Tle (MSE); Assessment: Co-Occurring  Other Services:  Substance Abuse Services:  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family; Juvenile Non-Intensive Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fam |                                                                                                                                                                                                                                                                  | (308)225-4335                                                   |                                         |
| Substance Abuse Services:  Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessment Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Outpatient Therapy; Juvenile Pre-Treatment Occurring  Juvenile Services:  Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger Noutpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient The |                                                                                                                                                                                                                                                                  | (308)225-4335                                                   |                                         |
| Co-Occurring Treatment; Juvenile Assessm. Residential Services Outpatient - Co-Occurr Occurring  Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger N Outpatient Therapy including Group Sessior Intensive Outpatient: Intensive Outpatient TI (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Rodriguez, Juanita  ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-I Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a Evaluations: Adult Non Residential Convince Outrations Individ                                                                                                                                                                                                 |                                                                 | (308)633-2020                           |
| Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Occurring  Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Anger Non-Treatment: Anger Non-Treatment: Anger Non-Treatment: Intensive Outpatient Therapy including Group Session Intensive Outpatient: herapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Session Intensive Outpatient Therapy Including Group Including Including Including Including Including Including Including Including Including Including Including Including Including Including Including Including Including Including Including  | nt Services Substance Abuse Evaluations; Juvenile Non-Resider                                                                                                                                                                                                    |                                                                 |                                         |
| Juvenile Services: Non-Treatment: Family Support Worker; No Evening Reporting; Non-Treatment: Anger M Outpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy including Group Session Intensive Outpatient: Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy including Group Session Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient Therapy Intensive Outpatient |                                                                                                                                                                                                                                                                  | -Treatment Assessment (bio                                      | -psychosocial); Co-                     |
| Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc  Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Residentia Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Famil | n-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-<br>anagement Class; Non-Treatment: General Education Class; Ou<br>s-Mental Health; Outpatient Therapy including Family Sessions-Nonerapy-Mental Health; Assessment: Pre-Treatment Assessment ( | tpatient Therapy - Individual-<br>Mental Health; Outpatient The | -Mental Health;<br>erapy - Co-occurring |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia Services Outpatient - Family; Juvenile Non-Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  |                                                                 |                                         |
| Groups; Adult Non-Residential Services Out<br>Abuse Evaluations; Juvenile Non-Residentia<br>Services Outpatient - Family; Juvenile Non-I<br>Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                               | (308)633-1390                                                   | (308)633-1393                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | patient - Family; Adult Non-Residential Services Outpatient - Indiv<br>Services Intervention/Education; Juvenile Non-Residential Servi                                                                                                                           | vidual; Juvenile Assessment                                     | Services Substance                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                  |                                                                 |                                         |
| Juvenile Services: Non-Treatment: General Education Class; N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on-Treatment: Family Partner; Contracted Services: Electronic Me                                                                                                                                                                                                 | onitoring                                                       |                                         |
| Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                 |                                         |
| Valdez, Juan Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                  | (308)633-0110                                                   | (308)633-0112                           |

Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual 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;<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Intensive Outpatient Treatment; Adult Residential Service                                                                                                                                                                                                                                  | I; Adult Non-Residentia                                                                                                              | I Services Outpatient                                                                                  |
| Mental Health Services:                 | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      |                                                                                                        |
| Juvenile Services:                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                        |
| Other Services:                         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                        |
| Barritt, Samantha                       | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                       | (402)370-3140                                                                                                                        | (402)370-3373                                                                                          |
| Substance Abuse Services:               | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Services Substance Abuse Evaluation (1997).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Assessment Services Substance Abuse Evaluations; Adult Non-Re SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Oct Residential Services Dual Residential (MH/SA); Adult Residential Services Juvenile Non-Residential Services Intervention/Education; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile | It Non-Residential Servi<br>curring Treatment; Adul<br>Services Short Term Re<br>uvenile Non-Residential<br>patient - Family; Juveni | ices Outpatient -<br>it Non-Residential<br>sidential; Juvenile<br>Services Care<br>ile Non-Residential |
| Mental Health Services:                 | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      |                                                                                                        |
|                                         | Outpatient Therapy including Family Sessions-M<br>Intensive Outpatient Therapy-Mental Health; Inte<br>(Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | patient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy-Co-occurring; Ass                                                                                                                                                                                                                                                | erapy - Co-occurring; Ir                                                                                                             | tensive Outpatient:                                                                                    |
| Other Services:                         | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                        |
| Becher, Deborah                         | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                             | (402)564-9994                                                                                                                        | (402)562-6458                                                                                          |
| Substance Abuse Services:               | Adult Non-Residential Services Outpatient - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - Groundstein - | ussessment Services Substance Abuse Evaluations; Adult Non-Re<br>ups; Adult Non-Residential Services Outpatient - Family; Adult No<br>tient Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                         | n-Residential Services                                                                                                               |                                                                                                        |
| Mental Health Services:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                        |
| Juvenile Services:                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Education;<br>ces Outpatient - Groups; Adult Non-Residential Services Outpatien<br>ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia                                                                                                                                                                                                                                     | t - Family; Adult Non-Re                                                                                                             | esidential Services                                                                                    |
| Mental Health Services:                 | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      |                                                                                                        |
| Juvenile Services:                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                        |
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| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                                       | Phone                                                          | Fax                                            |
|---------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| Camacho, Diana            | Good Life Counseling & Support                                                                    | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                       | (402)371-3044                                                  |                                                |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier                                                  | valuations; Adult Non-Residential Services Intervention/Education<br>nt - Individual; Juvenile Assessment Services Substance Abuse<br>Services Outpatient - Family; Juvenile Non-Residential Services                                                                                                         | Evaluations; Juvenile Nor                                      |                                                |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                              |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Cochran, Virginia         | Heartland Counseling Services, Inc.                                                               | 917 W 21st St PO Box 355 South Sioux City NB 6988                                                                                                                                                                                                                                                             | 37 (402)494-3337                                               |                                                |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-O e Assessment Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment   | ccurring Treatment; Adult<br>Non-Residential Services          | : Non-Residential<br>s Outpatient - Groups;    |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                   | essment (PTA); Pre-Treatment Assessment (bio-psychosocial);                                                                                                                                                                                                                                                   | Co-Occurring                                                   |                                                |
| Juvenile Services:        |                                                                                                   | utpatient Therapy - Co-occurring; Community Treatment Aide; Ir<br>nent Assessment (Medicaid); Assessment: Mental Status Exam                                                                                                                                                                                  |                                                                | sive Outpatient                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                 |                                                                                                                                                                                                                                                                                                               | (WOL)                                                          |                                                |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                          | (402)564-9994                                                  | (402)562-6458                                  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-Olesidential Services Dual Residential (MH/SA); Juvenile Assessmamily; Juvenile Non-Residential Services Outpatient - Individual; ial Services Intensive Outpatient Treatment | ccurring Treatment; Adultinent Services Substance              | Non-Residential Abuse Evaluations;             |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid)              | utpatient Therapy including Family Sessions-Mental Health; Out                                                                                                                                                                                                                                                | patient Therapy - Co-occ                                       | urring; Assessment:                            |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Hannappel, Mark           | Apex Therapy Service                                                                              | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                  | (402)851-4026                                                  | (402)379-2487                                  |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatien   | utpatient Therapy including Group Sessions-Mental Health; Outp<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive of<br>t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inter-<br>ment: Mental Status Exam (MSE); Assessment: Psychological Ev                                        | Outpatient: Intensive Outpasive Outpasive Outpatient- Eating D | patient Therapy-Menta<br>Disorder; Assessment: |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                |                                                |

| 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                                                                                                             |                                                                                    |
| Substance Abuse Services:                                                                                                                                                                             | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                                     | raluations; Adult Non-Residential Services Intervention/Education of the Family; Adult Non-Residential Services Outpatient - Individual Short Term Residential; Juvenile Assessment Services Substantiale Non-Residential Services Outpatient - Family; Juvenile Norto-Occurring Treatment      | ual; Adult Non-Residential S<br>nce Abuse Evaluations; Juv                                                                | Services Intensive<br>venile Non-                                                  |
| Mental Health Services:                                                                                                                                                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                    |
| Juvenile Services:                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outp<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri                                                                                                                                                              |                                                                                                                           |                                                                                    |
| Other Services:                                                                                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                    |
| Johnson, Jill                                                                                                                                                                                         | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                               | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                  | (402)481-5392                                                                                                             |                                                                                    |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                         | enile Non-Residential Services Outpatient - Groups; Juvenile No                                                                                                                                                                                                                                 |                                                                                                                           | Dalient - Family.                                                                  |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                                         | Services Intensive Outpatient Treatment; Juvenil                                                                                                                                                                                                                                                                                                                                                        | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ<br>e Non-Residential Services Partial Care; Juvenile Residential Se                                                                                                                                                            |                                                                                                                           | Non-Residential                                                                    |
| Juvenile Services:                                                                                                                                                                                    | Services Intensive Outpatient Treatment; Juvenil                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                                           | Non-Residential                                                                    |
| Juvenile Services:                                                                                                                                                                                    | Services Intensive Outpatient Treatment; Juvenil                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                                           | Non-Residential                                                                    |
| Juvenile Services:<br>Other Services:                                                                                                                                                                 | Services Intensive Outpatient Treatment; Juvenil  Billingual Services;  Community Justice Center                                                                                                                                                                                                                                                                                                        | e Non-Residential Services Partial Care; Juvenile Residential Se                                                                                                                                                                                                                                | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services:<br>Other Services:<br>Jones, James                                                                                                                                                 | Services Intensive Outpatient Treatment; Juvenil Bilingual Services; Community Justice Center                                                                                                                                                                                                                                                                                                           | e Non-Residential Services Partial Care; Juvenile Residential Se                                                                                                                                                                                                                                | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services:                                                                                                     | Services Intensive Outpatient Treatment; Juvenil Bilingual Services; Community Justice Center                                                                                                                                                                                                                                                                                                           | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                  | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services:  Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                 | Services Intensive Outpatient Treatment; Juvenill Bilingual Services; Community Justice Center Outpatient Therapy                                                                                                                                                                                                                                                                                       | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                  | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services:  Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                 | Services Intensive Outpatient Treatment; Juvenill Bilingual Services; Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                                                         | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                  | ervices Short Term Resider                                                                                                | Non-Residential                                                                    |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jenna                                                   | Bilingual Services;  Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpati                                                                | e Non-Residential Services Partial Care; Juvenile Residential Se PO Box 22746 Lincoln NB 68542  General Education Class                                                                                                                                                                         | (402)429-1050  (402)370-3140  Residential Services Interver Ion-Residential Services Out al; Juvenile Assessment Services | Non-Residential nitial  ntion/Education; atpatient - Individual; ervices Substance |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jenna                                                   | Bilingual Services;  Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpatient Abuse Evaluations; Juvenile Non-Residential Services Secretary | PO Box 22746 Lincoln NB 68542  General Education Class  900 W Norfolk Ave Ste 200 Norfolk NB 68701  ssessment Services Substance Abuse Evaluations; Adult Non-Rups; Adult Non-Residential Services Outpatient - Family; Adult Nent Treatment; Adult Residential Services Short Term Residential | (402)429-1050  (402)370-3140  Residential Services Interver Ion-Residential Services Out al; Juvenile Assessment Services | Non-Residential nitial  ntion/Education; utpatient - Individual; ervices Substance |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jenna Substance Abuse Services: Mental Health Services: | Bilingual Services;  Community Justice Center  Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpatient Abuse Evaluations; Juvenile Non-Residential Services Secretary | PO Box 22746 Lincoln NB 68542  General Education Class  900 W Norfolk Ave Ste 200 Norfolk NB 68701  ssessment Services Substance Abuse Evaluations; Adult Non-Rups; Adult Non-Residential Services Outpatient - Family; Adult Nent Treatment; Adult Residential Services Short Term Residential | (402)429-1050  (402)370-3140  Residential Services Interver Ion-Residential Services Out al; Juvenile Assessment Services | Non-Residential nitial  ntion/Education; utpatient - Individual ervices Substance  |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                           | Fax                                                                          |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Laffin, Emily             | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                   |                                                                              |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adult Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Juvenile Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; Solution; S | amily; Adult Non-Res<br>rvices Intensive Outp<br>on; Juvenile Non-Res<br>utpatient - Family; Ju | sidential Services<br>patient Treatment;<br>idential Services<br>venile Non- |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                         | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ccurring                                                                                        |                                                                              |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpatie                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erapy - Co-occurring;                                                                           | Intensive Outpatient:                                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Loberg, Katie             | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                     | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                   |                                                                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>pps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident<br>ent Treatment; Adult Residential Services Short Term Residential; Ju-<br>vices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | esidential Services Or<br>venile Assessment So<br>patient - Groups; Juve                        | utpatient - Individual;<br>ervices Substance<br>enile Non-Residential        |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Mackling, Jamie           | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                   | (402)494-3655                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dult Non-Residential Ses Substance Abusen-Residential Service                                   | Services Outpatient -<br>Evaluations; Juvenile<br>s Outpatient - Family;     |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |
| Other Services            | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                       | ervices:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                              |

| Name                      | Agency                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                  | Fax                                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                       | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                           | (402)371-3044                                                                          | (402)371-9643                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                                                |
| Juvenile Services:        | Supervised Visitation; Non-Treatment: Day 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 py - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; No<br>Health; Outpatient ont: Intensive Outpati<br>-Co-occurring; Asse | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>ssment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |
| Mousel, Allison           | Heartland Counseling Services, Inc.                                                                                                                                                                  | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                | (402)494-3337                                                                          |                                                                                |
| Substance Abuse Services: |                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Family; Adult Non-Residential Services Outpatient - In                                                                                                                                                                                                                                                                        |                                                                                        |                                                                                |
| Mental Health Services:   | mensive outpation freatment                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                    | ervices;                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                |
| 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<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                     | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                | (402)370-3140                                                                          | (402)370-3373                                                                  |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult As Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res      | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ult Non-Residential Services Outpatient - Individual; Adult Non-Reside<br>sive Outpatient Treatment; Adult Residential Services Short Term Re-<br>idential Services Outpatient - Groups; Juvenile Non-Residential Services<br>nile Non-Residential Services Outpatient - Co-Occurring Treatment;                                               | ential Services Outp<br>sidential; Juvenile As<br>ices Outpatient - Fai                | atient - Co-Öccurring<br>ssessment Services<br>mily; Juvenile Non-             |
| Mandal II - III - O       |                                                                                                                                                                                                      | (blancation and blancation) On Oncommittee B. J. J. J. J. J. J. J. J. J. J. J. J. J.                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                       | (bio-psychosocial); Co-Occurring; Psychological Evaluation<br>utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                         | Fax                                                                                                  |
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| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)753-9415                                                                                 |                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                      |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )                                                                                             |                                                                                                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                      |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)370-3140                                                                                 |                                                                                                      |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | dult Non-Residential<br>es Substance Abuse<br>n-Residential Service                           | Services Outpatient -<br>Evaluations; Juvenile<br>es Outpatient - Family                             |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . —                                                                                           | - " - '                                                                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                      |
| Woslager, Tammy           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)370-3140                                                                                 |                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment - Groups; Juvenile Asses | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpat<br>invices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Resideo-O-Occurring Treatment; Juvenile Non-Residential Services Intensive of Occurring Treatment (Intensive Occurring Treatment) | esidential Services C<br>ient Treatment; Adu<br>ces Intervention/Edu<br>ential Services Outpa | Outpatient - Individual;<br>It Residential Services<br>cation; Juvenile Non-<br>Itient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                      |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient<br>t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Intensive Outpatien                                                                           | t Therapy-Mental                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                      |
| Yunker, Kimberley         | 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: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dult Non-Residential<br>es Substance Abuse<br>n-Residential Service                           | Services Outpatient - Evaluations; Juvenile                                                          |

Mental Health Services:

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

Juvenile Services: Non-Treatment: General Education Class

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

| 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: |                                                                                                                                                                                           | Evaluations; Adult Non-Residential Services Outpatient - Grouptient - Individual; Adult Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Mental Health Services:   | •                                                                                                                                                                                         | reatment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Ballard, David            | Infinite Avenues Counseling                                                                                                                                                               | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (531)301-7817                                                                                                          | (402)885-7596                                                     |
| Substance Abuse Services: |                                                                                                                                                                                           | Evaluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Indirections - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indirection - Indir | •                                                                                                                      |                                                                   |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Barragan, Rosa            | Pathfinder Support Services                                                                                                                                                               | 212 East 8 Street Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)721-1414                                                                                                          | (402)721-9251                                                     |
| Substance Abuse Services: |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Juvenile Services:        | Out-Of-Home: Independent Living; Non-Treatr                                                                                                                                               | ment: Family Support Worker; Non-Treatment: Day Reporting; N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Non-Treatment: Evening Rep                                                                                             | orting                                                            |
| Other Services:           | Bilingual 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 Sen<br>Outpatient - Individual; Adult Non-Residential<br>Juvenile Assessment Services Substance Abu<br>Care Monitoring SA/MH; Juvenile Non-Reside | Evaluations; Adult Non-Residential Services Intervention/Eductivices Outpatient - Groups; Adult Non-Residential Services Outp Services Outpatient - Co-Occurring Treatment; Adult Non-Residuse Evaluations; Juvenile Non-Residential Services Intervention Intial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurrin | natient - Family; Adult Non-Rodential Services Intensive Out/Education; Juvenile Non-Redervices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>esidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                | ent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                   |
| Juvenile Services:        | Outpatient Therapy including Family Sessions                                                                                                                                              | utpatient Therapy - Individual-Mental Health; Outpatient Therap<br>-Mental Health; Outpatient Therapy - Eating Disorder; Outpatien<br>Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring<br>(MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nt Therapy - Co-occurring; In                                                                                          | tensive Outpatient:                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                   |
| Bendy, Laurie             |                                                                                                                                                                                           | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 (402)807-2569                                                                                                        |                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                           | Evaluations; Adult Non-Residential Services Outpatient - Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | rvices Outpatient -                                               |
| Cubstance Abuse Cervices. |                                                                                                                                                                                           | tiont Individual: Adult Non Decidential Services Outpetient C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o ()ccurring Iroatmort                                                                                                 |                                                                   |
|                           | •                                                                                                                                                                                         | tient - Individual; Adult Non-Residential Services Outpatient - Cent (bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o-Occurring Treatment                                                                                                  |                                                                   |
|                           | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | o-Occurring Treatment                                                                                                  |                                                                   |

|                           |                                                                                                          | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | T                                       |
|---------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| 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 - Indivintervention/Education; Juvenile Non-Residential        | eation; Adult Non-Residential Services Outpatient - Groups; Adult Non-<br>idual; Adult Non-Residential Services Outpatient - Co-Occurring Treat<br>Services Outpatient - Groups; Juvenile Non-Residential Services Out<br>sidential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ment; Juvenile Non-                         | Residential Services                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                         |
| Juvenile Services:        |                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t Therapy - Co-occu                         | rring; Assessment:                      |
| Other Services:           | Sliding Fee Scale;                                                                                       | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                         |
| Beyer, Kara               | Beyer Counseling Services LLC                                                                            | 1406 Veterans Drive Suite 205 Elkhorn NB 68022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)707-4899                               |                                         |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment Science  | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - | ult Non-Residential<br>ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Therapy - Co-occurring; Assessment: Co-Occurring    | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t Therapy - Eating D                        | isorder; Outpatient                     |
| Other Services:           | Sliding Fee Scale;                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                         |
| Birkland, Jordan          | Capstone Behavioral Health                                                                               | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (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:           | Sliding Fee Scale; Hearing Impaired;                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                         |
| Borer, Kersten            | Kersten Borer LLC                                                                                        | 7602 Pacific St Ste 304 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)515-5383                               | (402)933-6447                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Servivenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Reso-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ult Non-Residential ces Intervention/Ed     | Services Outpatient - ucation; Juvenile |
| Mental Health Services:   |                                                                                                          | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt Assessment (bio-                         | psychosocial); Co-                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Assessment (Medicaid); Assessment: Mental Star      | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring<br>tus Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | g; Assessment: Pre-                         | Treatment                               |
| Other Services:           | Sliding Fee Scale;                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                         |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

| Name                                               | Agency                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                 | Phone                                                           | Fax            |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|
| Boryca, Kenneth                                    | Nebraska Urban Indian Health Inc                                                                                                                                                                             | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                        | (402)346-0902                                                   |                |
| Substance Abuse Services:                          |                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indivi                                                                                                                                                                          |                                                                 |                |
| Mental Health Services:                            | Oo Occurring Treatment, Addit Not Tresidential V                                                                                                                                                             | Services intensive outpatient freatment                                                                                                                                                                                                                                                                 |                                                                 |                |
| 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 Pa                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Educartial Care; Adult Non-Residential Services Outpatient - Groups of - Individual; Adult Non-Residential Services Intensive Outpater                                                                                                          | s; Adult Non-Residential Ser                                    |                |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                        |                                                                 |                |
| Juvenile Services:                                 |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                         |                                                                 |                |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                 |                |
| 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<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Co-Oe Assessment Services Substance Abuse Evaluations; Juven Services Outpatient - Groups; Juvenile Non-Residential Servesidential Services Outpatient - Co-Occurring Treatment | Occurring Treatment; Adult Notices ile Non-Residential Services | on-Residential |
|                                                    |                                                                                                                                                                                                              | utpatient Therapy including Group Sessions-Mental Health; Og; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu                                                                                                                                                                                |                                                                 |                |
| Cattau, Jeanne                                     | Apex Therapy Service                                                                                                                                                                                         | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                            | (402)851-4026                                                   | (402)379-2487  |
| Substance Abuse Services:                          |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                         | <u> </u>                                                        | <u> </u>       |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | (bio-psychosocial)                                                                                                                                                                                                                                                                                      |                                                                 |                |
| Juvenile Services:                                 |                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; C<br>Health; Assessment: Pre-Treatment Assessment (Medicaid);                                                                                                                                                                                | ,                                                               | •              |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                 |                |
| Cave, Korina                                       | Lutheran Family Services of NE Inc                                                                                                                                                                           | 1420 E Military Ave Fremont NB 68025                                                                                                                                                                                                                                                                    | (402)721-1774                                                   | (402)721-9689  |
| Substance Abuse Services:                          |                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Individual; Adult Non-Residential Services Outpatient - Co                                                                                                                                                                       |                                                                 |                |

| Name                                          | Agency                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                            | Phone                                                             | Fax                                                |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------|
| 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<br>Services Substance Abuse Evaluations; Juvenile                                                                           | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occuri<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                                                          | ring Treatment; Juve<br>ential Services Outpa                     | nile Assessment                                    |
| Juvenile Services:                            | Crisis Phone Line; Emergency Medical Health Ev No Voucher Acceptance;                                                                                                        | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych                                                                                                                                                                                                                                                                                                 | osocial); Co-Occurri                                              | ng                                                 |
|                                               |                                                                                                                                                                              | 4400 N 4015 Oc. Occaba ND 00400                                                                                                                                                                                                                                                                                                                                    | (400)007.0570                                                     | (400)007.0500                                      |
| Clark, Cristian "Kat"                         | CenterPointe                                                                                                                                                                 | 1490 N 16th St Omaha NB 68102 aluations; Adult Residential Services Dual Residential (MH/SA); Adu                                                                                                                                                                                                                                                                  | (402)827-0570                                                     | (402)827-0580                                      |
| Mental Health Services:<br>Juvenile Services: | Residential; Adult Residential Services Short Terr<br>Pre-Treatment Assessment (bio-psychosocial); C                                                                         | m Residential                                                                                                                                                                                                                                                                                                                                                      | ii rediddiniai ddi vid                                            | o Exionada                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                    |
| Dirks, Tamara                                 | Nebraska Urban Indian Health Inc                                                                                                                                             | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                   | (402)346-0902                                                     | (402)342-5290                                      |
| Mental Health Services:                       | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve                     | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Short Term Residential; Juvenile Assessment Services Substance A<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re<br>idividual; Juvenile Non-Residential Services Intensive Outpatient Tre | dult Non-Residential<br>Abuse Evaluations; Jesidential Services O | Services Intensive uvenile Non-utpatient - Family; |
| Juvenile Services:                            | au = . a . i                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                    |
| 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                                      |
| Juvenile Services:                            | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpre-Treatment Assessment (Medicaid); Assessment Evaluation Sliding Fee Scale; | (bio-psychosocial); Psychological Evaluation<br>utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>ent: Outpatient Psychiatric Evaluation; Assessment: Mental Status E                                                                                                                                                                         | nt Therapy - Eating I<br>xam (MSE); Assessi                       | Disorder; Assessmen<br>nent: Psychological         |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: General Education Class

| Name                                          | Agency                                                                                             | Address                                                                                                                                                                                                                                                                                                                         | Phone                                                  | Fax                                     |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|
| 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/Educatio<br>ient - Individual; Adult Non-Residential Services Outpatient - Co-C                                                                                                                                                                                         | *                                                      | Services Outpatient -                   |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessmen                                                        | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                              |                                                        |                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| George, Timothy                               | Adjudicated Youth Services                                                                         | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                   | (402)812-6849                                          |                                         |
| Substance Abuse Services:                     |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| Mental Health Services:                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
|                                               |                                                                                                    | reatment: Tracker (Except Douglas County); Non-Treatment: Sup<br>Non-Treatment: Anger Management Class; Non-Treatment: General Family Partner                                                                                                                                                                                   |                                                        |                                         |
| Good, Katie                                   | Lutheran Family Services of NE Inc                                                                 | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                                   | (402)595-1338                                          |                                         |
| Substance Abuse Services:                     |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| Mental Health Services:                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; Omental Health; Outpatient Therapy - Youth Who      | Outpatient Therapy including Group Sessions-Mental Health; Out<br>Sexually Harm                                                                                                                                                                                                                                                 | patient Therapy including                              | Family Sessions-                        |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                   |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| Grabowski, Karen                              | Behavioral Health Specialist/Seekers of Serenity                                                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                                          | (402)562-6458                           |
| Substance Abuse Services:                     | Family; Adult Non-Residential Services Outpaties<br>Services Intensive Outpatient Treatment; Adult | Evaluations; Adult Non-Residential Services Intervention/Educatio<br>ent - Individual; Adult Non-Residential Services Outpatient - Co-C<br>Residential Services Dual Residential (MH/SA); Juvenile Assessr<br>Family; Juvenile Non-Residential Services Outpatient - Individual<br>tial Services Intensive Outpatient Treatment | occurring Treatment; Adul<br>ment Services Substance   | t Non-Residential<br>Abuse Evaluations; |
| Mental Health Services:                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; O<br>Pre-Treatment Assessment (Medicaid)            | Outpatient Therapy including Family Sessions-Mental Health; Out                                                                                                                                                                                                                                                                 | patient Therapy - Co-occ                               | urring; Assessment:                     |
| Other Services:                               | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                                                 |                                                        |                                         |
| Gregory, Nichole                              |                                                                                                    | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                     | (402)720-1621                                          | (402)753-6445                           |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpati<br>Outpatient Treatment; Juvenile Assessment Ser    | valuations; Adult Non-Residential Services Intervention/Educatio<br>ient - Family; Adult Non-Residential Services Outpatient - Individurvices Substance Abuse Evaluations; Juvenile Non-Residential S<br>nile Non-Residential Services Outpatient - Family; Juvenile Non-Fitpatient Treatment                                   | ual; Adult Non-Residentia<br>ervices Intervention/Educ | Services Intensive ation; Juvenile Non- |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                 | Fax                                                                        |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                            |
| Hahn, Maria                                        | Good Life Counseling & Support                                                                                                                         | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                              | (402)270-7781                                                         | (402)562-4001                                                              |
| Substance Abuse Services:                          |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                            |
| Mental Health Services:                            |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                            |
| Juvenile Services:                                 | Non-Treatment: Family Support Worker                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                            |
| Other Services:                                    | Bilingual Services;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                            |
| Hall, John                                         | Complete Family Treatment Services                                                                                                                     | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                          | (402)325-1290                                                         |                                                                            |
|                                                    | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential<br>ces Substance Abuse<br>on-Residential Service | Services Outpatient -<br>E Evaluations; Juvenilo<br>es Outpatient - Family |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                          |                                                                       | Family Sessions-                                                           |
|                                                    | Sliding Fee Scale;                                                                                                                                     | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                              | Co-Occurring                                                          |                                                                            |
| 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                                                        | raluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Intervention/Education; Juvenile Non-Res<br>adividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                | ring Treatment; Juveridential Services Out                            | nile Assessment                                                            |
|                                                    | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                            | ent Assessment (bio                                                   | -psychosocial); Co-                                                        |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring                                                                                                                                                                                                                                                         | nt Therapy including                                                  | Family Sessions-                                                           |
|                                                    | Sliding Fee Scale; Bilingual Services;                                                                                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Hernandez, Tanya                                   | Nebraska Family Foundation                                                                                                                             | 3511 Pine Street Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                              | (402)578-5044                                                         |                                                                            |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                            |

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Day Reporting; Non-Treatment: Family Partner

Other Services: Bilingual 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                                                                                                | ity; Juvenile Residential Services Halfway-House or SA Group Home                                                                                                                                                                                                                                                                   | e; Juvenile Residentia                                                    | al Services Short Term                          |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                            | Co-Occurring                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                 |
| Juvenile Services:        | Psychiatric Residential Treatment Facility; Assess                                                                                                        | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Oc                                                                                                                                                                                                                                                                       | curring                                                                   |                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                 |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                                                                          | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                  | (402)685-4130                                                             | (402)685-4132                                   |
| Substance Abuse Services: |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                 |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                           | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy                                                                                                                                                                                                                                                                     | chological Evaluation                                                     |                                                 |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: I<br>sment: Psychological Evaluation; Assessment: Juvenile Who Sexual                                                                                                                        | Pre-Treatment Asses                                                       | sment (Medicaid);                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                 |
| Jaksha, James             |                                                                                                                                                           | 1731 N C St Fremont NB 68025                                                                                                                                                                                                                                                                                                        | (402)721-4180                                                             | (402)721-6246                                   |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>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 Services Outpatient - Family; Juvenile Non-Occurring Treatment                                                             | Adult Non-Residential rvices Intervention/Ed                              | Services Outpatient -<br>ducation; Juvenile     |
| Mental Health Services:   | Cavorino Non Recidential Corvices Capation                                                                                                                | o occurring recurrent                                                                                                                                                                                                                                                                                                               |                                                                           |                                                 |
| Juvenile Services:        |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                 |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                      | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                          | (402)261-6667                                                             | (402)261-6526                                   |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adu<br>ht - Individual; Adult Non-Residential Services Outpatient - Co-Occul<br>e Assessment Services Substance Abuse Evaluations; Juvenile Nor<br>Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | rring Treatment; Adul<br>n-Residential Service:<br>utpatient - Family; Ju | t Non-Residential<br>s<br>venile Non-Residentia |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                              | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                    |                                                                           |                                                 |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                                                                        | Intensive Outpatient                                                      | Intensive Outpatient                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                 |

|                           |                                                                                                                                                                                                                                                | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                                     |
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| Name                      | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                         | Fax                                                                                                                 |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                 |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Aups; Adult Non-Residential Services Outpatient - Family; Adult Non-Decurring Treatment; Adult Non-Residential Services Intensive Outprices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Partial Care; Juvenile Residential Services Partial Care;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Residential Services of<br>patient Treatment; Adu<br>ance Abuse Evaluation<br>desidential Services Or<br>ing Treatment; Juven | Outpatient - Individua<br>alt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                     |
| Johnson, Kathleen         | Capstone Behavioral Health                                                                                                                                                                                                                     | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)614-8444                                                                                                                 | (402)614-8443                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                                                                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ment: 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<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                                              | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurridion-Properties of the Advanced Properties of the Adva | Adult Non-Residentia<br>rices Substance Abus<br>Ion-Residential Servic                                                        | Services Outpatient<br>e Evaluations; Juven<br>es Outpatient - Fami                                                 |
| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpate                                     | 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-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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - C | Adult Non-Residentia<br>Dual Residential (MF<br>Non-Residential Ser<br>nily; Juvenile Non-Res                                 | Services Outpatient<br>I/SA); Adult<br>vices Care Monitoring<br>idential Services                                   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                                     |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Out                                                                                                                                                                                               | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                     |
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| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                    | Phone                                                     | Fax                                          |
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| Konen, Michele            | Transition Recovery Center Evaluations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                 | (402)813-3605                                             |                                              |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Service Outpatient - Individual; Juvenile Assessment Outpatient - Individual; Juvenile Outpatient - Individual; Juvenile Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individua | valuations; Adult Non-Residential Services Intervention/Educatives Outpatient - Groups; Adult Non-Residential Services Outpat rivices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile                         | ient - Family; Adult Non-Re<br>Services Intervention/Educ | esidential Services<br>cation; Juvenile Non- |
| Mental Health Services:   | diverme Non-Residential Services Outpatient - II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nuividuai                                                                                                                                                                                                                                                  |                                                           |                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| 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: | Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Partial Care; Adult N<br>nily; Adult Non-Residential Services Outpatient - Individual; Adu<br>vices Intensive Outpatient Treatment; Adult Residential Service<br>I Services Short Term Residential              | Ilt Non-Residential Services                              | S Outpatient - Co-                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                           |                                                           |                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Lembke, Brenda            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2170 N Platte Ave Fremont NB 68025                                                                                                                                                                                                                         | (402)753-7556                                             |                                              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Educatient - Individual; Adult Non-Residential Services Intensive Outpasidential Services Intervention/Education; Juvenile Non-Resideenile Non-Residential Services Intensive Outpatient Treatment | itient Treatment; Juvenile A                              | ssessment Services                           |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Martinez , Lesly          | Pathfinder Support Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 212 East 8 Street Fremont NB 68025                                                                                                                                                                                                                         | (402)721-1414                                             | (402)721-9251                                |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Juvenile Services:        | Out-Of-Home: Independent Living; Non-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent: Family Support Worker; Non-Treatment: Day Reporting; No                                                                                                                                                                                               | n-Treatment: Evening Rep                                  | orting                                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Mcclure, Gina             | Halo Counseling Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8998 L St Suite 110 Omaha NB 68127                                                                                                                                                                                                                         | (402)881-0771                                             |                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Intervention/Educati<br>ent - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                       |                                                           |                                              |
| Mental Health Services:   | - Superiorit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            |                                                           |                                              |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                           |                                              |

| Name                                  | Agency                                                                                           | Address                                                                                                                                                                                                                | Phone               | Fax                 |
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| - Tame                                | Agency                                                                                           | Addiess                                                                                                                                                                                                                | 1 Hone              | I ux                |
| McGreevy, Hylean                      | Psychiatric Services of Fremont                                                                  | 2560 N Healthy Way Fremont NB 68025                                                                                                                                                                                    | (402)941-7246       | (402)941-7248       |
| Substance Abuse Services:             |                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Serving Treatment                                                                |                     |                     |
| Mental Health Services:               | Non Residential Colvides Calpations Co Coodin                                                    | ing froathorit                                                                                                                                                                                                         |                     |                     |
| Juvenile Services:                    |                                                                                                  |                                                                                                                                                                                                                        |                     |                     |
| Other Services:                       | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                        |                     |                     |
| Meier, Monica                         |                                                                                                  | PO Box Omaha NB 68134                                                                                                                                                                                                  | (402)616-7269       |                     |
| Substance Abuse Services:             | Adult Assessment Services Substance Abuse Ev                                                     | raluations                                                                                                                                                                                                             |                     |                     |
| Mental Health Services:               |                                                                                                  |                                                                                                                                                                                                                        |                     |                     |
| Juvenile Services:                    |                                                                                                  |                                                                                                                                                                                                                        |                     |                     |
| Other Services:                       | Bilingual Services;                                                                              |                                                                                                                                                                                                                        |                     |                     |
| Motter, Shannon                       | Santa Monica Inc                                                                                 | 401 S. 39 St. Omaha NB 68131                                                                                                                                                                                           | (402)558-7133       | (402)558-7088       |
| Substance Abuse Services:             |                                                                                                  | raluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr                                                                       |                     |                     |
| Mental Health Services:               | Tom Residential                                                                                  |                                                                                                                                                                                                                        |                     |                     |
| Juvenile Services:                    |                                                                                                  |                                                                                                                                                                                                                        |                     |                     |
| Other Services:                       | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                        |                     |                     |
| Munet Ginorio, Alexandra              | Nebraska Mental Health Centers                                                                   | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                        | (402)483-6990       | (402)482-7045       |
| Substance Abuse Services:             |                                                                                                  |                                                                                                                                                                                                                        |                     |                     |
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessment                                                     | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                             |                     |                     |
|                                       | Mental Health; Outpatient Therapy - Youth Who S<br>Assessment: Psychological Evaluation; Assessm | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid);<br>ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co              | Assessment: Menta   |                     |
| Other Services:                       | Bilingual 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<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - F<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | esidential Services |
|                                       | Outpatient Therapy; Pre-Treatment Assessment                                                     | (bio-psychosocial)                                                                                                                                                                                                     |                     |                     |
| Juvenile Services:<br>Other Services: | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                        |                     |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual 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 Outpatien<br>Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ing Treatment; Juve<br>dential Services Out | nile Assessment    |
| Mental Health Services:                                                | Outpatient Therapy; Pre-Treatment Assessment (                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                        |                                             |                    |
| Juvenile Services:                                                     | Outpatient Therapy - Individual-Mental Health; Ou                                                  | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                               |                                             |                    |
| Other Services:                                                        | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                         |                                             |                    |
| Pilcher, Chris                                                         | Pilcher Counseling LLC                                                                             | 6910 Pacific St Ste 320 Omaha NB 68106                                                                                                                                                                                                                                                  | (402)715-9710                               |                    |
| Substance Abuse Services:                                              |                                                                                                    |                                                                                                                                                                                                                                                                                         |                                             |                    |
| Mental Health Services:                                                |                                                                                                    |                                                                                                                                                                                                                                                                                         |                                             |                    |
| Juvenile Services:                                                     |                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid);                                                                                                                                                     |                                             |                    |
| Other Services:                                                        | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                         |                                             |                    |
| Prince, Reginald                                                       | Serenity Matters                                                                                   | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111                                                                                                                                                                                                                                     | (402)830-3890                               | (402)212-0282      |
|                                                                        | Groups; Adult Non-Residential Services Outpatie                                                    | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outpatient - Individual                                | venile Assessment                           | Services Substance |
|                                                                        | 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      |
|                                                                        | Outpatient Therapy; Pre-Treatment Assessment (<br>Non-Treatment: Intensive Family Preservation; O  | (bio-psychosocial)<br>utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl                                                                                                                                                                                             | uding Family Sessio                         | ns-Mental Health   |
| Other Services:                                                        | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                         |                                             |                    |
| Ramirez, Maria                                                         | All Communities Outreach Services                                                                  | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                                                     | (402)257-1122                               |                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Non-Treatment: General Education Class; Non-T                                                      | reatment: Employment Placement Program; Non-Treatment: Family F                                                                                                                                                                                                                         | Partner                                     |                    |

| Name                                          | Agency                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                    | Fax                                                                     |
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| Rezac, Jacqueline                             | Capstone Behavioral Health                                                                                                                                                                          | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)350-3267                                                                                                                            |                                                                         |
| Substance Abuse Services:                     | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Resident | valuations; Adult Non-Residential Services Intervention/Educaces Outpatient - Groups; Adult Non-Residential Services Outpervices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Tresidential Services Outpati | atient - Family; Adult Non-Resi<br>lential Services Intensive Outpa<br>/Education; Juvenile Non-Resi<br>ervices Outpatient - Family; Juv | dential Services<br>atient Treatment;<br>dential Services<br>enile Non- |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                        | t (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                         |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; C (Medicaid)                                                                                                                                         | Outpatient Therapy including Family Sessions-Mental Health;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Assessment: Pre-Treatment As                                                                                                             | sessment                                                                |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| Rich, Jamie                                   | Lutheran Family Services of NE Inc                                                                                                                                                                  | 1420 E Military Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)721-1774                                                                                                                            |                                                                         |
|                                               |                                                                                                                                                                                                     | valuations; Adult Non-Residential Services Outpatient - Group<br>ent - Individual; Adult Non-Residential Services Intensive Outp<br>t (bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                          | ces Outpatient -                                                        |
|                                               | Outpatient Therapy - Individual-Mental Health                                                                                                                                                       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                         |
|                                               | Sliding Fee Scale;                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
|                                               | Chairig 1 do Coalo,                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| Roberts, Kristine                             | Nebraska Mediation Center                                                                                                                                                                           | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)753-9415                                                                                                                            |                                                                         |
| Substance Abuse Services:                     |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| Mental Health Services:                       |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| Juvenile Services:                            | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                      | onflict Mediation; Non-Treatment: Expedited Family Group Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | onference                                                                                                                                |                                                                         |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| Rojas, Virgen                                 | Lutheran Family Services of NE Inc                                                                                                                                                                  | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)721-1774                                                                                                                            |                                                                         |
| Substance Abuse Services:                     |                                                                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Educa<br>atient - Co-Occurring Treatment; Adult Non-Residential Servic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                         |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Co-Occurring                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                         |
| 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 Outpatico-Occurring Treatment; Adult Non-Residential                                                                                                         | valuations; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Individent - Individential Services Intensive Outpatient Treatment; Juvenile Assessmen; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Servic | vidual; Adult Non-Residential S<br>nt Services Substance Abuse I                                                                         | ervices Outpatient<br>Evaluations; Juven                                |
|                                               | Juvenile Non-Residential Services Outpatient - I                                                                                                                                                    | ndividual; Juvenile Non-Residential Services Outpatient - Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Occurring Treatment; Juvenile                                                                                                            |                                                                         |
| Mental Health Services:                       |                                                                                                                                                                                                     | Individual; Juvenile Non-Residential Services Outpatient - Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Occurring Treatment; Juvenile                                                                                                            |                                                                         |

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                                              | Phone                                         | Fax                                      |
|---------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------|
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Scott, Judi               | Buoyant Family Services Counseling and Consulting LLC                                            | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                   | (402)933-7577                                 |                                          |
| Substance Abuse Services: |                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                        |                                               |                                          |
| Mental Health Services:   | •                                                                                                |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Other Services:           | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Segoviano, Jessica        | Infinite Avenues Counseling                                                                      | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                               | (402)301-6813                                 |                                          |
| Substance Abuse Services: |                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                        |                                               |                                          |
| Mental Health Services:   | •                                                                                                |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Sorensen, Rachel          |                                                                                                  | 2170 North Platte Ave Fremont NB 68025                                                                                                                                                                                                                                                               | (402)720-3992                                 | (402)753-6445                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Abent - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Co-Occurring Treatment                          | Adult Non-Residential ervices Intervention/Ed | Services Outpatient<br>ucation; Juvenile |
| Mental Health Services:   |                                                                                                  | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr                                                                                                                                                                                                                                    | ment Assessment (bio-                         | psychosocial); Co-                       |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-M                                                   | patient Therapy - Individual-Mental Health; Outpatient Therapy included lental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy-Co-occurring; Assessment - Eating Disorder - Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment | apy - Co-occurring; Into                      | ensive Outpatient:                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                           |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| 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<br>Co-Occurring Treatment; Adult Non-Residential |                                                                                                                                                                                                                                                                                                      |                                               |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                     | (bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                     |                                               |                                          |
|                           |                                                                                                  | (a.e payanasasian), as assuming                                                                                                                                                                                                                                                                      |                                               |                                          |
| Juvenile Services:        |                                                                                                  | (are perfected and, the december of                                                                                                                                                                                                                                                                  |                                               |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health

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:                            | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                              | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                     |
| Juvenile Services:                                 |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |
| Stennis, Gladys                                    | LIVING-IN-TRUTH, LLC                                                                                                                                                                                        | 2551 Spaulding St Omaha NB 68111                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)905-6296                                                                                  |                                                                                     |
|                                                    | Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment                                                                                                                   | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                     |
|                                                    | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |
| Juvenile Services:                                 |                                                                                                                                                                                                             | atient Therapy - Individual-Mental Health; Outpatient Therapy includin<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap                                                                                                                                                                                                                                                                                                   |                                                                                                | lental Health;                                                                      |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                          | Enter Floatin, Outpation Thorapy Lating Disorder, Outpation Friends                                                                                                                                                                                                                                                                                                                                                                               | y - 00 occurring                                                                               |                                                                                     |
| Sutton, Sherry                                     | Nebraska Urban Indian Health Inc                                                                                                                                                                            | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)346-0902                                                                                  | (402)342-5290                                                                       |
| Substance Abuse Services:                          |                                                                                                                                                                                                             | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Intensive Outpatient Treatment                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                     |
| Mental Health Services:                            | To Coodining Treatment, Addit Non Residential C                                                                                                                                                             | octivious mensive outpation. Troumone                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                     |
| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Extended Residential; Adult<br>Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Desidential Services Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Coent | dult Non-Residential<br>Jual Residential (MH/<br>Services Substance A<br>renile Non-Residentia | Services Outpatient -<br>'SA); Adult<br>Abuse Evaluations;<br>al Services Outpatien |
| Mental Health Services:                            | Outpatient Therapy; Co-Occurring                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |
| Juvenile Services:                                 |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |
| Tuttle, Paige                                      | Lutheran Family Services of NE Inc                                                                                                                                                                          | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)595-1338                                                                                  |                                                                                     |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |

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

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                | Phone                                                                             | Fax                                                                        |
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| Vasquez-Evans, Linda      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7701 Pacific Street, Ste 101 Omaha NB 68114                                                                                                                                                                                                                                                                                                                            | (402)889-6359                                                                     | (402)564-7735                                                              |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential<br>ervices Substance Abus<br>e Non-Residential Servic   | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
|                           | Outpatient: Intensive Outpatient Therapy-Mental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Outp<br>Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc                                                                                                                                                                                                                                    |                                                                                   |                                                                            |
| Other Services:           | Assessment (Medicaid); Assessment: Mental Sta<br>Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tus Exam (MSE); Assessment: Co-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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education<br>es Outpatient - Groups; Adult Non-Residential Services Outpatien<br>rvices Outpatient - Co-Occurring Treatment; Juvenile Assessmer<br>ducation; Juvenile Non-Residential Services Outpatient - Groups<br>atient - Individual; Juvenile Non-Residential Services Outpatient                         | nt - Family; Adult Non-Re<br>nt Services Substance Al<br>r; Juvenile Non-Resident | esidential Services<br>ouse Evaluations;<br>ial Services Outpatien         |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre                                                                                                                                                                                                                                                                                                         | atment Assessment (bio                                                            | -psychosocial); Co-                                                        |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Treatment: General Education Class; Outpatient Therapy - Indivi<br>ent Therapy including Family Sessions-Mental Health; Outpatien<br>Co-Occurring                                                                                                                                                                                                                      |                                                                                   |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                            |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                                                                                                                                                             | (308)383-1622                                                                     |                                                                            |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                        | al; Adult Non-Residential<br>Services Intervention/Ed                             | Services Outpatient -<br>ducation; Juvenile                                |
|                           | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Indivi | (bio-psychosocial);                                                                                                                                                                                                                                                                                                                                                    | atient Therapy including                                                          | Family Sessions-                                                           |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                        | and morapy moraling                                                               | . a.m.y Coolons                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                            |

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                                                  | Phone                                          | Fax                                  |
|---------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------|
| Ackerman, Deanna          | Heartland Family Service                                                                          | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                            | (402)553-3000                                  |                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Non-Residenti | cation; Adult Non-Residential Services Care Monitoring SA/MH; Adult<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>al Services Intervention/Education; Juvenile Non-Residential Services<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>o-Occurring Treatment | dult Non-Residential S<br>Care Monitoring SA/I | ervices Outpatient MH; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                                       |                                                |                                      |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpati                                                   | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                        | Mental Health; Outpaterapy - Co-occurring; A   | ient Therapy<br>Assessment: Pre-     |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                          |                                                |                                      |
| Ackerman, Deanna          | Heartland Family Service                                                                          | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                            | (402)553-3000                                  |                                      |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Non-Residenti | •                                                                                                                                                                                                                                                                                                                        | dult Non-Residential S<br>Care Monitoring SA/I | ervices Outpatient MH; Juvenile Non- |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpati        | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                        | Mental Health; Outpaterapy - Co-occurring; A   | ient Therapy<br>Assessment: Pre-     |
| Ajlouny, Alestin          | At Peace Therapy LLC                                                                              | 268 N. 115th St, Suite 1 Omaha NB 68154                                                                                                                                                                                                                                                                                  | (402)413-9919                                  |                                      |
|                           | 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-Occurrintent Assessment (bio-psychosocial); Co-Occurring                                                                                                                            |                                                |                                      |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                |                                      |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                          |                                                |                                      |
| Ajlouny, Alestin          | At Peace Therapy LLC                                                                              | 268 N. 115th St, Suite 1 Omaha NB 68154                                                                                                                                                                                                                                                                                  | (402)413-9919                                  |                                      |
|                           | 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-Occurri                                                                                                                                                                             |                                                |                                      |
|                           | Crisis Stabilization; Outpatient Therapy; Pre-Trea                                                | tment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                        |                                                |                                      |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                |                                      |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                          |                                                |                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone               | Fax                 |
|---------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Ajongo, Elizabeth         | Heartland Family Service                                  | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)301-0904       | (402)552-7497       |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Mental Health Services:   |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Juvenile Services:        | Non-Treatment: Family Partner                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Other Services:           | Bilingual Services;                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Ajongo, Elizabeth         | Heartland Family Service                                  | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)301-0904       | (402)552-7497       |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Mental Health Services:   |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Juvenile Services:        | Non-Treatment: Family Partner                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Other Services:           | Bilingual Services;                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Akers, Anita              | Anita Akers PC                                            | 11069 I St Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)933-4411       |                     |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp           | Evaluations; Adult Non-Residential Services Outpatient - Family; Adult patient - Co-Occurring Treatment; Juvenile Assessment Services Subsitile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen               | nt (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; (Medicaid) | Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Asso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | essment: Pre-Treatm | nent Assessment     |
| Other Services:           | Sliding Fee Scale;                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |
| Akers, Anita              | Anita Akers PC                                            | 11069 I St Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)933-4411       |                     |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp           | Evaluations; Adult Non-Residential Services Outpatient - Family; Adult patient - Co-Occurring Treatment; Juvenile Assessment Services Subsitile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen               | nt (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; (Medicaid) | Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Asso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | essment: Pre-Treatm | nent 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:   | Outpatient Therapy                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |

Juvenile Services:

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                       | Fax                                                   |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|
| Alba, Sarah               | Goodwill Industries                                                                                                                                                                                                                                          | 4805 N 72nd St Omaha NB 68134                                                                                                                                                                                                                                                                                                                                                                                 | (402)880-8414                                                               |                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Alexis, Geraldine         | Counseling Connections & Associates, LLC                                                                                                                                                                                                                     | 444 Regency Parkway Dr Suite 104 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                               | (402)932-2296                                                               |                                                       |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se<br>Services Outpatient - Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MHervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Resi<br>ervices Substance Abus<br>I; Juvenile Non-Residel | dential Services<br>se Evaluations;<br>ntial Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                              | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Community Treatment Aide; Assessment: Pre-Treatment Assessm                                                                                                                                                                                                                                                                         |                                                                             |                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Alexis, Geraldine         | Counseling Connections & Associates, LLC                                                                                                                                                                                                                     | 444 Regency Parkway Dr Suite 104 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                               | (402)932-2296                                                               |                                                       |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Non-Residential Services Intervention/E                                                                                                     | raluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MHervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Resi<br>ervices Substance Abus<br>l; Juvenile Non-Residel | dential Services<br>se Evaluations;<br>ntial Services |
|                           | 137                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               | at Theorem in alcelia a Fa                                                  | anila Canaina                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                              | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Community Treatment Aide; Assessment: Pre-Treatment Assessm                                                                                                                                                                                                                                                                            |                                                                             |                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Andersen, Brian           | Capstone Behavioral Health                                                                                                                                                                                                                                   | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                               | (402)614-8444                                                               |                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                                                                                                                                               | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Mental Health                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                           | nt Therapy including Fa                                                     | amily Sessions-                                       |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                  | Phone                   | Fax                 |
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| Andersen, Brian           | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1941 South 42nd Street Suite 328 Omaha NB 68105                          | (402)614-8444           |                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)               |                         |                     |
|                           | Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpat         | ient Therapy including  | Family Sessions-    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                         |                     |
| Atherton, John            | John Atherton Counseling Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9140 W.Dodge Rd Ste. 422 Omaha NB 68114                                  | (402)397-2147           | (402)391-2633       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Intervention/Education;       |                         | Services Outpatient |
| Mental Health Services:   | Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ      | urring Treatment        |                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                         |                     |
| Atherton, John            | John Atherton Counseling Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9140 W.Dodge Rd Ste. 422 Omaha NB 68114                                  | (402)397-2147           | (402)391-2633       |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Intervention/Education;       |                         |                     |
|                           | Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ      | urring Treatment        | •                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                         |                     |
| Atwood Heredia , Heather  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16920 Patterson Drive Omaha NB 68135                                     | (402)320-5808           | (402)502-4319       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Assessment: Pre-Treatment Assessment (Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Outpa aid)    | tient Therapy - Youth \ | Vho Sexually Harm   |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                         |                     |
| Atwood Heredia , Heather  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16920 Patterson Drive Omaha NB 68135                                     | (402)320-5808           | (402)502-4319       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                         |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Assessment: Pre-Treatment Assessment (Medical Medical  utpatient Therapy including Family Sessions-Mental Health; Outpa<br>aid) | tient Therapy - Youth \ | Vho Sexually Harm   |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                         |                     |
| Austin, Willie            | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7117 Farnam St Suite 17 Omaha NB 68132                                   | (402)452-0102           | (402)885-7596       |
| Cubatanaa Abusa Camisaas  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Outpatient - Groups; Ad       | ult Non-Residential Se  | rvices Outpatient - |
| Substance Abuse Services: | Individual: Adult Non-Residential Services Intens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ive Outnatient Treatment                                                 |                         |                     |
| Mental Health Services:   | Individual; Adult Non-Residential Services Intens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ive Outpatient Treatment                                                 |                         |                     |
|                           | Individual; Adult Non-Residential Services Intens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ive Outpatient Treatment                                                 |                         |                     |

| Name                      | Agency                                                                                             | Address                                                                                                                                         | Phone              | Fax                 |
|---------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|
| Austin, Willie            | Buoyant Family Services Counseling and Consulting LLC                                              | 2701 Fort St Omaha NB 68111                                                                                                                     | (402)452-0102      | (402)933-7786       |
| Substance Abuse Services: |                                                                                                    | raluations; Adult Non-Residential Services Outpatient - Groups; Adult                                                                           |                    | rvices Outpatient - |
| Mental Health Services:   | Family, Adult Non-Residential Services Outpatier                                                   | nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr                                                                         | earment            |                     |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                 |                    |                     |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                 |                    |                     |
| Austin, Willie            | Buoyant Family Services Counseling and Consulting LLC                                              | 2701 Fort St Omaha NB 68111                                                                                                                     | (402)452-0102      | (402)933-7786       |
| Substance Abuse Services: |                                                                                                    | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr |                    | rvices Outpatient - |
| Mental Health Services:   |                                                                                                    | •                                                                                                                                               |                    |                     |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                 |                    |                     |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                 |                    |                     |
| Austin, Willie            | Infinite Avenues Counseling                                                                        | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                          | (402)452-0102      | (402)885-7596       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intensi | raluations; Adult Non-Residential Services Outpatient - Groups; Adult                                                                           | Non-Residential Se | rvices Outpatient - |
| Mental Health Services:   | mulvidual, Addit Nort-Residential Services interis                                                 | ive Outpatient Treatment                                                                                                                        |                    |                     |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                 |                    |                     |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                 |                    |                     |
| Babutzke, Candace         | Alegent Health                                                                                     | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                         | (402)572-3337      | (402)339-4358       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                       | aluations; Adult Non-Residential Services Outpatient - Individual                                                                               |                    |                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                |                    |                     |
| Juvenile Services:        |                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:          |                    | Family Sessions-    |
| 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                                                                               |                    |                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                       |                                                                                                                                                 |                    |                     |
| Juvenile Services:        |                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:             |                    | Family Sessions-    |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                 |                    |                     |

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|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| Name                      | Agency                                                                                                                                                | Address                                                                                                                                                                                               | Phone                | Fax                |
| Baccari, Christine        |                                                                                                                                                       | 12020 Shamrock Plaza Suite 200 Omaha NB 68154                                                                                                                                                         | (402)496-3230        | (402)537-1051      |
| Substance Abuse Services: |                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Juv                                                                                                                                 | enile Assessment S   | ervices Substance  |
| Mental Health Services:   | Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                       | vices Intervention/Education                                                                                                                                                                          |                      |                    |
| Juvenile Services:        |                                                                                                                                                       |                                                                                                                                                                                                       |                      |                    |
| Other Services:           | Sliding Fee Scale; Bilingual Services; No Vouche                                                                                                      | r Acceptance;                                                                                                                                                                                         |                      |                    |
| Baccari, Christine        | •                                                                                                                                                     | 12020 Shamrock Plaza Suite 200 Omaha NB 68154                                                                                                                                                         | (402)496-3230        | (402)537-1051      |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Juv                                                                                                                                 | renile Assessment S  | ervices Substance  |
|                           | Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                       |                                                                                                                                                                                                       |                      |                    |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                       |                      |                    |
| Juvenile Services:        | Oli dia a Fara Orada Bilia mad Orania a Na Vissala a                                                                                                  | . A                                                                                                                                                                                                   |                      |                    |
| Other Services.           | Sliding Fee Scale; Bilingual Services; No Vouche                                                                                                      | r Acceptance;                                                                                                                                                                                         |                      |                    |
| Bader, Erin               | Lutheran Family Services of NE Inc                                                                                                                    | 124 S. 24th St., Suite 200 Omaha NB 68102                                                                                                                                                             | (402)978-5672        |                    |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                       |                      |                    |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                       |                      |                    |
|                           | Out-Of-Home: Foster Care (Agency Supported)                                                                                                           |                                                                                                                                                                                                       |                      |                    |
| Other Services:           | Bilingual Services;                                                                                                                                   |                                                                                                                                                                                                       |                      |                    |
| Bader, Erin               | Lutheran Family Services of NE Inc                                                                                                                    | 124 S. 24th St., Suite 200 Omaha NB 68102                                                                                                                                                             | (402)978-5672        |                    |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                       |                      |                    |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                       |                      |                    |
|                           | Out-Of-Home: Foster Care (Agency Supported)                                                                                                           |                                                                                                                                                                                                       |                      |                    |
| Other Services:           | Bilingual Services;                                                                                                                                   |                                                                                                                                                                                                       |                      |                    |
| 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<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Intensive Outpatient Treatme |                                                                                                                                                                                                       | reatment; Juvenile A | ssessment Services |
|                           | Outpatient Therapy; Co-Occurring; Adults who Se                                                                                                       | •                                                                                                                                                                                                     |                      |                    |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>p; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient (Medicaid); Assessment: Co-Occurring |                      |                    |

| Name                                                                                                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Bailey, Frank                                                                                             | Bailey Counseling Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1941 South 42nd Street Suite 538 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)504-3242                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)504-3882                                                                                                                       |
|                                                                                                           | Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Intensive Outpatient Treatme                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | reatment; Juvenile A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ssessment Services                                                                                                                  |
|                                                                                                           | Outpatient Therapy; Co-Occurring; Adults who Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
|                                                                                                           | Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In<br>ent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t Therapy including<br>ntensive Outpatient:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Family Sessions-<br>Intensive Outpatient                                                                                            |
| Other Services:                                                                                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
| Ballard, David                                                                                            | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (531)301-7817                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)885-7596                                                                                                                       |
| Substance Abuse Services:                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
| Mental Health Services:                                                                                   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
| Juvenile Services:                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
| Other Services:                                                                                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
| Ballard, David                                                                                            | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (531)301-7817                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)885-7596                                                                                                                       |
| Substance Abuse Services:                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Adult Facility Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                | ult Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Services Outpatient -                                                                                                               |
|                                                                                                           | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Intensive                                                                                                                  |
| Mental Health Services:                                                                                   | Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Intensive                                                                                                                  |
| Mental Health Services:<br>Juvenile Services:                                                             | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Intensive                                                                                                                  |
| Juvenile Services:                                                                                        | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Intensive                                                                                                                  |
| Juvenile Services:                                                                                        | Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Intensive (402)817-4894                                                                                                    |
| Juvenile Services: Other Services: Barrett-McClendon,                                                     | Outpatient Treatment  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 Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (888)405-8738<br>ult Non-Residential S<br>amily; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)817-4894 Services Care sidential Services patient Treatment; sidential Services                                                |
| Juvenile Services: Other Services:  Barrett-McClendon, Substance Abuse Services:                          | Outpatient Treatment  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 Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential                                                                                                                                                                                           | 10846 John Galt Blvd Omaha NB 68137  aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Servaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                       | (888)405-8738<br>ult Non-Residential S<br>amily; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)817-4894 Services Care sidential Services patient Treatment; sidential Services                                                |
| Juvenile Services: Other Services:  Barrett-McClendon, Substance Abuse Services:  Mental Health Services: | Outpatient Treatment  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 Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve  Outpatient Therapy; Pre-Treatment Assessment ( Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | aluations; Adult Non-Residential Services Intervention/Education; Adust Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Eating Disorder; Outpatient Theraphsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessing | (888)405-8738  Jult Non-Residential Stamily; Adult Non-Residential Stamily; Adult Non-Residential Stamily; July Stamily; July Group Sessions-Noy - Co-occurring; Interestical Stamily; July Stamily - Co-occurring; Interestical Stamily; July - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical Stamily - Co-occurring; Interestical St | (402)817-4894 Services Care sidential Services patient Treatment; sidential Services uvenile Non- Mental Health; ensive Outpatient: |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                               | Phone                                                                | Fax                                                              |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------|
| Barrett-McClendon,        | Complete Family Treatment Services                                                                                                                                                                      | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                   | (888)405-8738                                                        | (402)817-4894                                                    |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient - Invices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Re | esidential Services<br>tpatient Treatment;<br>sidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                  |
|                           | Outpatient Therapy including Family Sessions-M<br>Intensive Outpatient Therapy-Mental Health; Inte<br>(Medicaid); Assessment: Mental Status Exam (M                                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess<br>SE); Assessment: Co-Occurring                                                                                                                                                 | py - 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<br>Services Substance Abuse Evaluations; Juvenile                                                                                                      | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occuri<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                                                                                             | ring Treatment; Juve<br>ential Services Outpa                        | nile Assessment                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid)                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                   | nt Therapy - Co-occi                                                 | urring; Assessment:                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                  |
| Batter, Sara              |                                                                                                                                                                                                         | 9239 W Center Rd #223 Omaha NB 68124                                                                                                                                                                                                                                                                                                                                                                  | (402)932-6643                                                        | (402)614-3414                                                    |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile                                                                                                         | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                                                                                               | ring Treatment; Juve<br>ential Services Outpa                        | nile Assessment                                                  |
| Mental Health Services:   | Outpatient Therapy: Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                  |
|                           | 1 137                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                   | nt Therapy - Co-occi                                                 | urring; Assessment:                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                  |
| Bell, Antoinette          | Thrive Omaha LLC                                                                                                                                                                                        | 3020 Curtis Ave Omaha NB 68112                                                                                                                                                                                                                                                                                                                                                                        | (402)709-9849                                                        |                                                                  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                                                                          | dult Non-Residential<br>es Outpatient - Grou                         | Services Intensive os; Juvenile Non-                             |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                  |

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

| Name                                          | Agency                                                                                                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone                                                                                                                                                            | Fax                                                                                                                |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Other Services:                               | Outpatient Therapy including Group Sessions-Me<br>Assessment (Medicaid); Assessment: Mental Star<br>Sliding Fee Scale;                                                                                                                                                                                                                  | ental Health; Intensive Outpatient: Intensive Outpatient Theraptus Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                               | py-Mental Health; Assessmen                                                                                                                                      | t: Pre-Treatment                                                                                                   |
| Bell, Antoinette                              | New Balance Counseling                                                                                                                                                                                                                                                                                                                  | 6415 Ames Ave Suite B Omaha NB 68104                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)709-9849                                                                                                                                                    |                                                                                                                    |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpatiel<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                                                                                                 | aluations; Adult Non-Residential Services Intervention/Educa<br>nt - Family; Adult Non-Residential Services Outpatient - Indivi-<br>Services Intensive Outpatient Treatment; Juvenile Assessmen<br>Juvenile Non-Residential Services Outpatient - Groups; Juve<br>dividual; Juvenile Non-Residential Services Outpatient - Co-O                                                                                                                                                       | idual; Adult Non-Residential S<br>at Services Substance Abuse l<br>enile Non-Residential Services                                                                | Services Outpatient -<br>Evaluations; Juvenile<br>s Outpatient - Family;                                           |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                                         | agement; Juvenile Pre-Treatment Assessment (PTA); Juveni                                                                                                                                                                                                                                                                                                                                                                                                                              | le Co-Occurring Evaluation (C                                                                                                                                    | C/O); Pre-Treatment                                                                                                |
|                                               | Intensive Outpatient: Intensive Outpatient Therap<br>Assessment (Medicaid); Assessment: Mental Star                                                                                                                                                                                                                                     | y-Mental Health; Intensive Outpatient: Intensive Outpatient T                                                                                                                                                                                                                                                                                                                                                                                                                         | herapy-Co-occurring; Assessi                                                                                                                                     | ment: Pre-Treatment                                                                                                |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                    |
| Bell, Antoinette                              | Thrive Omaha LLC                                                                                                                                                                                                                                                                                                                        | 3020 Curtis Ave Omaha NB 68112                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)709-9849                                                                                                                                                    |                                                                                                                    |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpatien<br>Outpatient Treatment; Juvenile Assessment Services                                                                                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Educa<br>nt - Family; Adult Non-Residential Services Outpatient - Indivi<br>ices Substance Abuse Evaluations; Juvenile Non-Residential<br>e Non-Residential Services Outpatient - Individual; Juvenile N                                                                                                                                                                                                                       | idual; Adult Non-Residential S<br>Services Outpatient - Groups                                                                                                   | Services Intensive<br>s; Juvenile Non-                                                                             |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                    |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                                         | on-Treatment: Anger Management Class; Outpatient Therapy<br>re Outpatient: Intensive Outpatient Therapy-Mental Health; As<br>SE): Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                                                                                                                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                      | 5_,,, 65550                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |                                                                                                                    |
| Bell, Antoinette                              | New Balance Counseling                                                                                                                                                                                                                                                                                                                  | 6415 Ames Ave Suite B Omaha NB 68104                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)709-9849                                                                                                                                                    |                                                                                                                    |
| Mental Health Services:<br>Juvenile Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Mental Health Intensive Man Assessment (bio-psychosocial); Co-Occurring | aluations; Adult Non-Residential Services Intervention/Educa nt - Family; Adult Non-Residential Services Outpatient - Individervices Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Intensive Outpatient - Co-Cartagement; Juvenile Pre-Treatment Assessment (PTA); Juvenile y-Mental Health; Intensive Outpatient: Intensive Outpatient Titus Exam (MSE) | idual; Adult Non-Residential S<br>at Services Substance Abuse lenile Non-Residential Services<br>Occurring Treatment; Juvenile<br>le Co-Occurring Evaluation (Co | Services Outpatient -<br>Evaluations; Juvenile<br>s Outpatient - Family;<br>Non-Residential<br>C/O); Pre-Treatment |

| Name                                                                                                                                                                        | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax                                                                                                                                                            |
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| Bendy, Laurie                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)807-2569                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |
| Substance Abuse Services:                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | valuations; Adult Non-Residential Services Outpatient - Groups; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rvices Outpatient -                                                                                                                                            |
| Mental Health Services:                                                                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | armig Trodunom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                |
| Juvenile Services:                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |
| Other Services:                                                                                                                                                             | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |
| Bendy, Laurie                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)807-2569                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |
| Substance Abuse Services:                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | valuations; Adult Non-Residential Services Outpatient - Groups; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rvices Outpatient -                                                                                                                                            |
| Mental Health Services:                                                                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |
| Juvenile Services:                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |
| Other Services:                                                                                                                                                             | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |
| Benesch, Kevin                                                                                                                                                              | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)476-9623                                                                                                                                                  |
| Substance Abuse Services:                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |
| Mental Health Services:                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |
| Juvenile Services:                                                                                                                                                          | Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | yually Harm: Theraneu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tic Group Homo                                                                                                                                                 |
|                                                                                                                                                                             | Youth Who Sexually Harm Treatment; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                              |
| Other Services:                                                                                                                                                             | Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                              |
|                                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                              |
| Other Services:  Benesch, Kevin  Substance Abuse Services:                                                                                                                  | Sliding Fee Scale; HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Harm Risk Assessmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt                                                                                                                                                             |
| Benesch, Kevin                                                                                                                                                              | Sliding Fee Scale; HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Harm Risk Assessmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt                                                                                                                                                             |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:                                                                                                          | Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                                                                                                      | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)475-7666  xually Harm; Therapeu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)476-9623<br>ttic Group Home -                                                                                                                             |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                      | Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                                                                                                      | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually  2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)475-7666  xually Harm; Therapeu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)476-9623                                                                                                                                                  |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                      | Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment                                                                                                                                                                                                                                                                                                                                                                        | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually  2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)475-7666  xually Harm; Therapeu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)476-9623                                                                                                                                                  |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Bernard, David                                                     | Sliding Fee Scale;  HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;  Capstone Behavioral Health  Adult Assessment Services Substance Abuse Even Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations Juvenile Non-Residential Services Outpatient - Ir                                                                                     | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually  2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Secutive Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)475-7666  xually Harm; Therapeu Harm Risk Assessmer  (402)614-8444  Adult Non-Residential Adult Non-Residential Vices Substance Abuston-Residential Services Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substa | tic Group Home - nt  (402)476-9623  tic Group Home - nt  (402)614-8443  Services Outpatient - Services Outpatient - e Evaluations; Juvenius Outpatient - Famil |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Bernard, David  Substance Abuse Services:                          | Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;  Capstone Behavioral Health  Adult Assessment Services Substance Abuse Even Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                                                                        | 2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Psychological Evaluation; Assessment: Juvenile Who Sexually 1941 S 42nd Street, Ste. 328 Omaha NB 68105  Valuations; Adult Non-Residential Services Intervention/Education; Assessment: Juvenile Assessment: Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occur                                                                                                                             | (402)475-7666  xually Harm; Therapeu Harm Risk Assessmer  (402)614-8444  Adult Non-Residential Adult Non-Residential Vices Substance Abuston-Residential Services Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substance Substa | tic Group Home - nt  (402)476-9623  tic Group Home - nt  (402)614-8443  Services Outpatient - Services Outpatient - e Evaluations; Juvenius Outpatient - Famil |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Bernard, David  Substance Abuse Services:  Mental Health Services: | Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;  Capstone Behavioral Health  Adult Assessment Services Substance Abuse Ever Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | 2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sevent: Psychological Evaluation; Assessment: Juvenile Who Sexually  1941 S 42nd Street, Ste. 328 Omaha NB 68105  Valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring  utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient | (402)475-7666  xually Harm; Therapeu Harm Risk Assessmer  (402)614-8444  Adult Non-Residential Adult Non-Residential vices Substance Abust Non-Residential Servicering Treatment; Juveni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tic Group Home - nt  (402)476-9623  tic Group Home - nt  (402)614-8443  Services Outpatient - Services Outpatient - Evaluations; Juveni es Outpatient - Famil  |

| Name                      | Agency                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                            | Phone                                                                 | Fax                                                                       |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| 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<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                    | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                           | dult Non-Residential<br>ces Substance Abus<br>on-Residential Servic   | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                           |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale;                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                 | nt Therapy including                                                  | Family Sessions-                                                          |
| S.1.6. S.1.1856.          | onding recocate,                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                           |
| Bernthaler, Beth          | NOVA TC                                                                                                                                                                                                              | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                             | (402)991-8509                                                         | (402)455-7050                                                             |
|                           | Services Intensive Outpatient Treatment; Adult R<br>Juvenile Non-Residential Services Outpatient - G<br>Individual; Juvenile Non-Residential Services Out<br>Residential Services Halfway-House or SA Group          | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Therapeutic Community; Juvenile Assessment S roups; Juvenile Non-Residential Services Outpatient - Family; Juventpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Home; Juvenile Residential Services Short Term Residential                                                                          | ervices Substance A ile Non-Residential S                             | buse Evaluations;<br>Services Outpatient -                                |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                           |
|                           | Psychiatric Residential Treatment Facility; Assess                                                                                                                                                                   | sment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                           |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                           |
| Bernthaler, Beth          | NOVA TC                                                                                                                                                                                                              | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                             | (402)991-8509                                                         | (402)455-7050                                                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R<br>Juvenile Non-Residential Services Outpatient - G<br>Individual; Juvenile Non-Residential Services Outpatient | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tot - Individual; Adult Non-Residential Services Outpatient - Co-Occuriesidential Services Therapeutic Community; Juvenile Assessment S roups; Juvenile Non-Residential Services Outpatient - Family; Juventpatient - Co-Occurring Treatment; Juvenile Non-Residential Services of Home; Juvenile Residential Services Short Term Residential | ring Treatment; Adult<br>ervices Substance A<br>ile Non-Residential S | t Non-Residential<br>buse Evaluations;<br>Services Outpatient -           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                           |
| Juvenile Services:        | Psychiatric Residential Treatment Facility; Assess                                                                                                                                                                   | sment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                           |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                           |
| Berryman, Kevin           | Capstone Behavioral Health                                                                                                                                                                                           | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                    | (402)614-8444                                                         |                                                                           |
|                           |                                                                                                                                                                                                                      | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non ervices Outpatient - Family; Juvenile Non-Residential Services Outp                                                                                                                                                                                                                                                                         |                                                                       |                                                                           |
|                           |                                                                                                                                                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                | nt Therapy - Co-occ                                                   | urring: Assessment:                                                       |
|                           | Psychological Evaluation Sliding Fee Scale;                                                                                                                                                                          | against Thomas, moraling raining Sociolis Moritar Health, Odipalie                                                                                                                                                                                                                                                                                                                                                 |                                                                       | ag, 7.00000ot.                                                            |

| Name                    | Agency                                                                                                                                                                                             | Address                                                                                                                                        | Phone                                            | Fax                                      |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|
| Berryman, Kevin         | Capstone Behavioral Health                                                                                                                                                                         | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                | (402)614-8444                                    |                                          |
|                         | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment                                                                                                       | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-<br>ervices Outpatient - Family; Juvenile Non-Residential Services Outp |                                                  |                                          |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       | (bio-psychosocial); Psychological Evaluation                                                                                                   |                                                  |                                          |
|                         | Psychological Evaluation                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                            | ent Therapy - Co-occur                           | ring; 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | •                                                                                                                                              | dult Non-Residential S<br>vices Intervention/Edu | ervices Outpatient -<br>cation; Juvenile |
|                         | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       | , , ,                                                                                                                                          |                                                  |                                          |
|                         | Therapy - Co-occurring; Assessment: Co-Occurri                                                                                                                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>ng                                                                      | 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<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                          | dult Non-Residential S<br>vices Intervention/Edu | ervices Outpatient -<br>cation; Juvenile |
|                         |                                                                                                                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                            | ent Therany - Fating Die                         | corder: Outpatient                       |
|                         | Therapy - Co-occurring; Assessment: Co-Occurring Sliding Fee Scale;                                                                                                                                |                                                                                                                                                | ant Therapy - Lating Dis                         | sorder, Odipalierii                      |
|                         | <b>5</b>                                                                                                                                                                                           |                                                                                                                                                |                                                  |                                          |
| Bibins, Barbara         |                                                                                                                                                                                                    | 12020 Shamrock Plaza Suite 200 Omaha NB 68154                                                                                                  | (402)708-2065                                    |                                          |
|                         | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Actient - Co-Occurring Treatment                                             | dult Non-Residential Se                          | ervices Outpatient -                     |
| Mental Health Services: |                                                                                                                                                                                                    |                                                                                                                                                |                                                  |                                          |
| Juvenile Services:      |                                                                                                                                                                                                    |                                                                                                                                                |                                                  |                                          |
| Other Services:         | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                |                                                  |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Na                        |                                                                                            | Addison                                                            | DI                        | <b>-</b>          |
|---------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|-------------------|
| Name                      | Agency                                                                                     | Address                                                            | Phone                     | Fax               |
| Bibins, Barbara           |                                                                                            | 12020 Shamrock Plaza Suite 200 Omaha NB 68154                      | (402)708-2065             |                   |
| Substance Abuse Services: |                                                                                            | valuations; Adult Non-Residential Services Intervention/Education  | ; Adult Non-Residential S | ervices Outpatier |
| Mental Health Services:   | Individual; Adult Non-Residential Services Outpa                                           | ttient - Co-Occurring Treatment                                    |                           |                   |
| Juvenile Services:        |                                                                                            |                                                                    |                           |                   |
|                           | Sliding Fee Scale;                                                                         |                                                                    |                           |                   |
|                           | Capstone Behavioral Health                                                                 | 230 E 22nd St Suite 4 Fremont NB 68025                             | (402)727-4288             |                   |
| Birkland, Jordan          | Сарѕюне веначога пеаш                                                                      | 230 E 2211d St Suite 4 Fremont IND 00023                           | (402)121-4200             |                   |
| Substance Abuse Services: | Outpotiont Thorony                                                                         |                                                                    |                           |                   |
| Mental Health Services:   |                                                                                            | outpotient Thorany including Family Sessions Montal Health         |                           |                   |
|                           |                                                                                            | utpatient Therapy including Family Sessions-Mental Health          |                           |                   |
| Other Services.           | Sliding Fee Scale; Hearing Impaired;                                                       |                                                                    |                           |                   |
| Birkland, Jordan          | Capstone Behavioral Health                                                                 | 230 E 22nd St Suite 4 Fremont NB 68025                             | (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:           | Sliding Fee Scale; Hearing Impaired;                                                       |                                                                    |                           |                   |
| 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/Education  |                           |                   |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment | ent - Individual; Adult Non-Residential Services Outpatient - Co-O | ccurring Treatment; Adult | Non-Residential   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                               | (bio-psychosocial); Co-Occurring                                   |                           |                   |
| 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: |                                                                                            | valuations; Adult Non-Residential Services Intervention/Education  |                           |                   |
|                           |                                                                                            | ent - Individual; Adult Non-Residential Services Outpatient - Co-O | ccurring Treatment; Adult | Non-Residential   |
| Mental Health Services:   | Services Intensive Outpatient Treatment<br>Outpatient Therapy; Pre-Treatment Assessment    | (bio-psychosocial): Co-Occurring                                   |                           |                   |
| Juvenile Services:        | outpation morapy, 110 mountain necessition                                                 | (bio poyellococial), do documing                                   |                           |                   |
|                           | Sliding Fee Scale;                                                                         |                                                                    |                           |                   |
| Bock, Nathan              | Univ of Nebraska Omaha                                                                     | 6001 Dodge St. HPER 102 Omaha NB 68182                             | (402)554-2409             | (402)554-3299     |
| ·                         |                                                                                            | valuations; Adult Non-Residential Services Intervention/Education  | , ,                       | · /               |
|                           | Individual; Adult Non-Residential Services Outpa                                           |                                                                    |                           | ,                 |
| Mental Health Services:   |                                                                                            |                                                                    |                           |                   |
| Juvenile Services:        |                                                                                            |                                                                    |                           |                   |

| Name                                                                                                | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                   | I GA                                                                                               |
| Bock, Nathan                                                                                        | Univ of Nebraska Omaha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6001 Dodge St. HPER 102 Omaha NB 68182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                   | (402)554-3299                                                                                      |
| Substance Abuse Services:                                                                           | Adult Assessment Services Substance Abuse Evindividual; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ult Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Services Outpatient -                                                                              |
| Mental Health Services:                                                                             | marviadai, riduit Non reolaemiai Gorvioco Galpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Juvenile Services:                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Other Services:                                                                                     | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Bonebright, Lori                                                                                    | Recovery Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)742-9616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)742-9116                                                                                      |
| Substance Abuse Services:                                                                           | Groups; Adult Non-Residential Services Outpatiel<br>Outpatient Treatment; Juvenile Assessment Servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Residenatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | fult Non-Residential<br>s Intervention/Educa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Intensive ation; Juvenile Non-                                                            |
| Mental Health Services:                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                                                                                     | Non-Treatment: Day Reporting; Non-Treatment: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Other Services:                                                                                     | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Bonebright, Lori                                                                                    | Recovery Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                   | (402)742-9116                                                                                      |
| Substance Abuse Services:                                                                           | Groups; Adult Non-Residential Services Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Intensive                                                                                 |
|                                                                                                     | Residential Services Outpatient - Groups; Juvenil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| Mental Health Services:                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
|                                                                                                     | Residential Services Outpatient - Groups; Juvenil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| Juvenile Services:                                                                                  | Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| Juvenile Services:                                                                                  | Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| Juvenile Services:<br>Other Services:<br>Borer, Kersten                                             | Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Output Non-Treatment: Day Reporting; Non-Treatment: Esliding Fee Scale;  Kersten Borer LLC  Adult Assessment Services Substance Abuse Even Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; 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Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Services Outpatient - Groups; Juvenile Ser | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment  Evening Reporting  7602 Pacific St Ste 304 Omaha NB 68114  aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reside | (402)515-5383  JIt Non-Residential solution Non-Residential solution in the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the so | (402)933-6447 Services Outpatient - Services Outpatient ducation; Juvenile                         |
| Juvenile Services: Other Services: Borer, Kersten Substance Abuse Services:                         | Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Output Non-Treatment: Day Reporting; Non-Treatment: Esliding Fee Scale;  Kersten Borer LLC  Adult Assessment Services Substance Abuse Even Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Treat | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment  Evening Reporting  7602 Pacific St Ste 304 Omaha NB 68114  aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reside | (402)515-5383  JIt Non-Residential structures Intervention/Edesidential Services (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)933-6447 Services Outpatient - Services Outpatient lucation; Juvenile Outpatient - Individua  |
| Juvenile Services: Other Services: Borer, Kersten Substance Abuse Services: Mental Health Services: | Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Output Non-Treatment: Day Reporting; Non-Treatment: Estiding Fee Scale;  Kersten Borer LLC  Adult Assessment Services Substance Abuse Evanguage Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Outpatient Therapy; Juvenile Pre-Treatment Asses Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment  Evening Reporting  7602 Pacific St Ste 304 Omaha NB 68114  aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Activices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reside | (402)515-5383  Alt Non-Residential Stult Non-Residential cices Intervention/Edecidential Services (ent Assessment (bio-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)933-6447 Services Outpatient - Services Outpatient ducation; Juvenile Outpatient - Individual |

| Name                      | Agency                                                                                                                                                                                                   | Address                                                                                                                                                                                    | Phone                                                                  | Fax                                                                 |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|
|                           | , igency                                                                                                                                                                                                 | 71331000                                                                                                                                                                                   | 1                                                                      |                                                                     |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                            | dult Non-Residential<br>vices Intervention/Ec<br>esidential Services ( | Services Outpatient<br>lucation; Juvenile<br>Outpatient - Individua |
|                           | Occurring                                                                                                                                                                                                | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                         | ,                                                                      |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Assessment (Medicaid); Assessment: Mental Sta                                                                                                       | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrin<br>tus Exam (MSE)                                                                                                    | g; Assessment: Pre                                                     | -Treatment                                                          |
| 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;                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                        |                                                                     |
| 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;                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                        |                                                                     |
| Boryca, Kenneth           | Nebraska Urban Indian Health Inc                                                                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                           | (402)346-0902                                                          |                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment |                                                                        |                                                                     |
| Mental Health Services:   | ,                                                                                                                                                                                                        | ·                                                                                                                                                                                          |                                                                        |                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                        |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                        |                                                                     |
| Boryca, Kenneth           | Nebraska Urban Indian Health Inc                                                                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                           | (402)346-0902                                                          |                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment |                                                                        |                                                                     |
| Mental Health Services:   | -                                                                                                                                                                                                        | •                                                                                                                                                                                          |                                                                        |                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                        |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                        |                                                                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                      | Agency                                         | Address                                                                                                                                                                                                     | Phone                       | Fax  |
|---------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|
| Bounds, Becky             | Child Saving Institute                         | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                            | (402)504-3673               |      |
| Substance Abuse Services: |                                                |                                                                                                                                                                                                             |                             |      |
| Mental Health Services:   |                                                |                                                                                                                                                                                                             |                             |      |
|                           | (Relative/Kinship)                             | Out-Of-Home: Emergency Foster Care; Out-Of-Home: Respite                                                                                                                                                    | Care; Out-Of-Home: Foster   | Care |
| Other Services:           | Bilingual Services;                            |                                                                                                                                                                                                             |                             |      |
| Bounds, Becky             | Child Saving Institute                         | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                            | (402)504-3673               |      |
| Substance Abuse Services: |                                                |                                                                                                                                                                                                             |                             |      |
| Mental Health Services:   |                                                |                                                                                                                                                                                                             |                             |      |
|                           | (Relative/Kinship)                             | Out-Of-Home: Emergency Foster Care; Out-Of-Home: Respite                                                                                                                                                    | Care; Out-Of-Home: Foster   | Care |
| Other Services:           | Bilingual Services;                            |                                                                                                                                                                                                             |                             |      |
| Brown, Kelly              |                                                | 1718 N 105th ST Omaha NB 68114                                                                                                                                                                              | (531)201-1913               |      |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev   | valuations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                           | al                          |      |
| Mental Health Services:   |                                                | ·                                                                                                                                                                                                           |                             |      |
| Juvenile Services:        |                                                |                                                                                                                                                                                                             |                             |      |
| Other Services:           | Sliding Fee Scale;                             |                                                                                                                                                                                                             |                             |      |
| Brown, Kelly              |                                                | 1718 N 105th ST Omaha NB 68114                                                                                                                                                                              | (531)201-1913               |      |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev   | valuations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                           | ıl                          |      |
| Mental Health Services:   |                                                |                                                                                                                                                                                                             |                             |      |
| 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 Pa | valuations; Adult Non-Residential Services Intervention/Educatio<br>urtial Care; Adult Non-Residential Services Outpatient - Groups;<br>nt - Individual; Adult Non-Residential Services Intensive Outpatie  | Adult Non-Residential Servi |      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment   | (bio-psychosocial); Co-Occurring                                                                                                                                                                            |                             |      |
| Juvenile Services:        |                                                |                                                                                                                                                                                                             |                             |      |
| Other Services:           | Sliding Fee Scale;                             |                                                                                                                                                                                                             |                             |      |
| Bruce, Ramanda            | Aspirations Counseling                         | 1941 S 42nd St Suite 528 Omaha NB 68105                                                                                                                                                                     | (402)880-5253               |      |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Pa | valuations; Adult Non-Residential Services Intervention/Educatio<br>urtial Care; Adult Non-Residential Services Outpatient - Groups;<br>nt - Individual; Adult Non-Residential Services Intensive Outpation | Adult Non-Residential Servi |      |

| Name                                          | Agency                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                         | Fax                                   |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| Juvenile Services:                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Other Services:                               | Sliding Fee Scale;                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Bruha, Chantel                                | NOVA TC                                                                                                                      | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)991-8536                                 |                                       |
|                                               | Adult Residential Services Therapeutic Communi                                                                               | ty; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                       |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
|                                               | Sliding Fee Scale;                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Bruha, Chantel                                | NOVA TC                                                                                                                      | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)991-8536                                 |                                       |
|                                               | Adult Residential Services Therapeutic Communi                                                                               | ty; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . ,                                           |                                       |
| Mental Health Services:                       |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Juvenile Services:                            | au a .                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Other Services:                               | Sliding Fee Scale;                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Burnett, Heather                              | Concord Center                                                                                                               | 4225 N 90 Street Omaha NB 68134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)345-1131                                 |                                       |
| Substance Abuse Services:                     |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Mental Health Services:                       | Non-Treatment: Juvenile Offender/Victim and Co.                                                                              | nflict Mediation; Non-Treatment: Expedited Family Group Conferen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ce                                            |                                       |
|                                               | Bilingual Services;                                                                                                          | Timet Mediation, Non-Treatment. Expedited Family Group Gomeren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                       |
| Burnett, Heather                              | Concord Center                                                                                                               | 4225 N 90 Street Omaha NB 68134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)345-1131                                 |                                       |
| Substance Abuse Services:                     |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . ,                                           |                                       |
| Mental Health Services:                       |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
|                                               |                                                                                                                              | nflict Mediation; Non-Treatment: Expedited Family Group Conferen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ce                                            |                                       |
| Other Services:                               | Bilingual Services;                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Calabrese, Shannon                            | Heartland Family Service                                                                                                     | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)515-2546                                 | (402)444-1703                         |
| Substance Abuse Services:                     |                                                                                                                              | Evaluations; Juvenile Non-Residential Services Outpatient - Group rvices Outpatient - Individual; Juvenile Non-Residential Services - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - |                                               |                                       |
| Mental Health Services:                       |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                       |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disordental Status Exam (MSE); Assessment: Co-Occ | utpatient Therapy including Group Sessions-Mental Health; Outpatider; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent Therapy including<br>nt Assessment (Medic | Family Sessions-<br>aid); Assessment: |
| Other Services:                               | Sliding Fee Scale;                                                                                                           | ourning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| t - Family; Juvenile Non-Residentia  t Therapy - Individual-Mental Health ealth; Outpatient Therapy - Eating D atus Exam (MSE); Assessment: Co ee Scale;  essment Services Substance Abuse dult Non-Residential Services Outp ring Treatment; Adult Non-Residential Services Intervention/Educa Non-Residential Services Outpatient ntensive Outpatient Treatment t Therapy; Pre-Treatment Assessm t Therapy - Individual-Mental Health                                             | 2101 S 42nd St Omaha NB 68105  Duse Evaluations; Juvenile Non-Residential Services Outpated Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Therapy including Group Sessions-Mental Folisorder; Outpatient Therapy - Co-occurring; Assessment o-Occurring  11069 I St Omaha NB 68137  The Evaluations; Adult Non-Residential Services Interventice patient - Family; Adult Non-Residential Services Outpatiential Services Intensive Outpatient Treatment; Juvenile Assetion; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring  The Outpatient Therapy including Group Sessions-Mental Furring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Health; Outpatient Therapy including: Pre-Treatment Assessment (Medical (402)993-4411  On/Education; Adult Non-Residential on Individual; Adult Non-Residential onessment Services Substance Abusiups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juvenile Health; Outpatient Therapy including d); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | reatment Family Sessions- Family Sessions- Family Sessions- Family Sessions- Family Sessions- Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                                              |
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| t - Family; Juvenile Non-Residentia  t Therapy - Individual-Mental Health ealth; Outpatient Therapy - Eating D atus Exam (MSE); Assessment: Co ee Scale;  essment Services Substance Abuse dult Non-Residential Services Outp ring Treatment; Adult Non-Resident dential Services Intervention/Educa Non-Residential Services Outpatien ntensive Outpatient Treatment t Therapy; Pre-Treatment Assessm t Therapy - Individual-Mental Health ealth; Outpatient Therapy - Co-occuring | h; Outpatient Therapy including Group Sessions-Mental H<br>Disorder; Outpatient Therapy - Co-occurring; Assessment<br>Disorder; Outpatient Therapy - Co-occurring; Assessment<br>Do-Occurring  11069 I St Omaha NB 68137  The Evaluations; Adult Non-Residential Services Intervention<br>Dispatient - Family; Adult Non-Residential Services Outpatiential Services Intensive Outpatient Treatment; Juvenile Assetion; Juvenile Non-Residential Services Outpatient - Group to Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring  The Co-Occurring Sessions-Mental Furring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Health; Outpatient Therapy including: Pre-Treatment Assessment (Medical (402)993-4411  On/Education; Adult Non-Residential on Individual; Adult Non-Residential onessment Services Substance Abusiups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juvenile Health; Outpatient Therapy including d); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | reatment Family Sessions- Family Sessions- Family Sessions- Family Sessions- Family Sessions- Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                                              |
| ealth; Outpatient Therapy - Eating Datus Exam (MSE); Assessment: Core Scale;  essment Services Substance Abuse dult Non-Residential Services Outpating Treatment; Adult Non-Residential Services Outpatiential Services Outpatient Treatment to Therapy; Pre-Treatment Assessment Therapy - Individual-Mental Health; Outpatient Therapy - Co-occuring                                                                                                                              | Disorder; Outpatient Therapy - Co-occurring; Assessment o-Occurring  11069 I St Omaha NB 68137  The Evaluations; Adult Non-Residential Services Intervention patient - Family; Adult Non-Residential Services Outpatient and Services Intensive Outpatient Treatment; Juvenile Assets ation; Juvenile Non-Residential Services Outpatient - Ground - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring  The property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the | (402)993-4411  on/Education; Adult Non-Residential on Individual; Adult Non-Residential on Individual; Adult Non-Residential on Individual; Adult Non-Residential on Individual; Adult Non-Residential Services Substance Abusiups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juvenion Individual; Assessment: Mental Status Example 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (888)507-5931  Services Outpatient - I Services Outpatient e Evaluations; Juvenices Outpatient - Familile Non-Residential Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                  |
| ealth; Outpatient Therapy - Eating Datus Exam (MSE); Assessment: Core Scale;  essment Services Substance Abuse dult Non-Residential Services Outpating Treatment; Adult Non-Residential Services Outpatiential Services Outpatient Treatment to Therapy; Pre-Treatment Assessment Therapy - Individual-Mental Health; Outpatient Therapy - Co-occuring                                                                                                                              | Disorder; Outpatient Therapy - Co-occurring; Assessment o-Occurring  11069 I St Omaha NB 68137  The Evaluations; Adult Non-Residential Services Intervention patient - Family; Adult Non-Residential Services Outpatient and Services Intensive Outpatient Treatment; Juvenile Assets ation; Juvenile Non-Residential Services Outpatient - Ground - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring  The property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the | (402)993-4411  on/Education; Adult Non-Residential on Individual; Adult Non-Residential on Individual; Adult Non-Residential on Individual; Adult Non-Residential on Individual; Adult Non-Residential Services Substance Abusiups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juvenion Individual; Assessment: Mental Status Example 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (888)507-5931  Services Outpatient - I Services Outpatient e Evaluations; Juvenices Outpatient - Familile Non-Residential Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                  |
| essment Services Substance Abuse dult Non-Residential Services Outpring Treatment; Adult Non-Resident dential Services Intervention/Educa Non-Residential Services Outpatien ntensive Outpatient Treatment t Therapy; Pre-Treatment Assessm t Therapy - Individual-Mental Health ealth; Outpatient Therapy - Co-occuring                                                                                                                                                            | patient - Family; Adult Non-Residential Services Interventic<br>patient - Family; Adult Non-Residential Services Outpatiential Services Intensive Outpatient Treatment; Juvenile Assation; Juvenile Non-Residential Services Outpatient - Grout - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring<br>h; Outpatient Therapy including Group Sessions-Mental Furring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on/Education; Adult Non-Residential ant - Individual; Adult Non-Residential assessment Services Substance Abuseups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juvenical Health; Outpatient Therapy including d); Assessment: Mental Status Example of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control | Services Outpatient - I Services Outpatient - e Evaluations; Juven ces Outpatient - Fami ile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                |
| Adult Non-Residential Services Outpring Treatment; Adult Non-Residential Services Intervention/Education-Residential Services Outpatient Iterative Outpatient Treatment at Therapy; Pre-Treatment Assessmut Therapy - Individual-Mental Healthealth; Outpatient Therapy - Co-occuring                                                                                                                                                                                               | patient - Family; Adult Non-Residential Services Interventic<br>patient - Family; Adult Non-Residential Services Outpatiential Services Intensive Outpatient Treatment; Juvenile Assation; Juvenile Non-Residential Services Outpatient - Grout - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring<br>h; Outpatient Therapy including Group Sessions-Mental Furring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on/Education; Adult Non-Residential ant - Individual; Adult Non-Residential assessment Services Substance Abuseups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juvenical Health; Outpatient Therapy including d); Assessment: Mental Status Example of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control | Services Outpatient - I Services Outpatient - e Evaluations; Juven ces Outpatient - Fami ile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                |
| Adult Non-Residential Services Outpring Treatment; Adult Non-Residential Services Intervention/Education-Residential Services Outpatient Iterative Outpatient Treatment at Therapy; Pre-Treatment Assessmut Therapy - Individual-Mental Healthealth; Outpatient Therapy - Co-occuring                                                                                                                                                                                               | patient - Family; Adult Non-Residential Services Outpatiential Services Intensive Outpatient Treatment; Juvenile Assation; Juvenile Non-Residential Services Outpatient - Grout - Individual; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring h; Outpatient Therapy including Group Sessions-Mental Furring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nt - Individual; Adult Non-Residential asessment Services Substance Abuseups; Juvenile Non-Residential Servicent - Co-Occurring Treatment; Juveni Health; Outpatient Therapy including d); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I Services Outpatient<br>le Evaluations; Juveni<br>les Outpatient - Famili<br>le Non-Residential<br>Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                                        |
| t Therapy - Individual-Mental Health<br>ealth; Outpatient Therapy - Co-occu<br>ring                                                                                                                                                                                                                                                                                                                                                                                                 | h; Outpatient Therapy including Group Sessions-Mental Hurring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ealth; Outpatient Therapy - Co-occu<br>ring                                                                                                                                                                                                                                                                                                                                                                                                                                         | urring; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| e Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11069 I St. Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| dult Non-Residential Services Outpring Treatment; Adult Non-Resident dential Services Intervention/Educa Non-Residential Services Outpatient ntensive Outpatient Treatment                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nt - Individual; Adult Non-Residential<br>sessment Services Substance Abusi<br>ups; Juvenile Non-Residential Servic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I Services Outpatient<br>le Evaluations; Juveni<br>ces Outpatient - Famil                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| t Therapy - Individual-Mental Health<br>ealth; Outpatient Therapy - Co-occu                                                                                                                                                                                                                                                                                                                                                                                                         | h; Outpatient Therapy including Group Sessions-Mental F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Counseling, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9374 N St Omaha NB 68127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Non-Residential Services Outpatier<br>Intensive Outpatient Treatment<br>nt Therapy; Pre-Treatment Assessm<br>nt Therapy - Individual-Mental Healt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatien Intensive Outpatient Treatment Intensive Outpatient Treatment Assessment (bio-psychosocial); Co-Occurring Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internated Internate | Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juveni<br>Intensive Outpatient Treatment<br>at Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring<br>at Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including<br>ealth; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Examples<br>are Scale; |

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

| Name                                               | Agency                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                             | Fax                               |
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| Cardenas, Crystal                                  | Changes Counseling, LLC                                                                                                                                                                                      | 9374 N St Omaha NB 68127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)968-0869                                     |                                   |
| Substance Abuse Services:                          |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                   |
| Mental Health Services:                            |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                   |
|                                                    | Non-Treatment: Family Support Worker                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                   |
| 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<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Co-Occurring Research Services Substance Abuse Evaluations; Juvenile Non Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | g Treatment; Adult Non-<br>Residential Services   | -Residential                      |
|                                                    | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring<br>(Medicaid); Assessment: Co-Occurring<br>Bilingual Services;                                          | outpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring; Intensive Outpatient Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurring Therapy-Co-occurri | nt Therapy including Fa<br>Assessment: Pre-Treatm | mily Sessions-<br>nent Assessment |
| 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<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Co-Occurring le Assessment Services Substance Abuse Evaluations; Juvenile Non I Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | g Treatment; Adult Non-<br>Residential Services   | -Residential                      |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                             | rutpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                   |
| Carruthers, Ryan                                   | CenterPointe                                                                                                                                                                                                 | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)827-0570                                     |                                   |
|                                                    |                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Adent - Individual; Adult Non-Residential Services Intensive Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   | vices Outpatient -                |
| Mental Health Services:                            |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                   |
| Juvenile Services:                                 | Non-Treatment: Anger Management Class; Non-(Medicaid)                                                                                                                                                        | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ; Assessment: Pre-Trea                            | tment Assessment                  |
| Other Services:                                    | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                   |

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                             | Fax                                                                       |
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| Carruthers, Ryan          | CenterPointe                                                                                                                                           | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                            | (402)827-0570                                                     |                                                                           |
|                           |                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient T                                                                                                                                                                                                                                                           |                                                                   | Services Outpatient -                                                     |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
|                           | (Medicaid)                                                                                                                                             | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health;                                                                                                                                                                                                                                                                                                                                     | Assessment: Pre-T                                                 | reatment Assessmen                                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Carter, Alyson            | Lutheran Family Services of NE Inc                                                                                                                     | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                                                                                                                                                                                                               | (402)292-9105                                                     | (402)292-0342                                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin                                     | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                           |
| Juvenile Services:        |                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                             |                                                                   |                                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Carter, Alyson            | Lutheran Family Services of NE Inc                                                                                                                     | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                                                                                                                                                                                                               | (402)292-9105                                                     | (402)292-0342                                                             |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin<br>(bio-psychosocial); Co-Occurring | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatier; 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                                                             |
|                           |                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur                                                                                                                                                                                                                                                            |                                                                   |                                                                           |
| Juvenile Services:        | Outpatient Therapy, Fie-Treathent Assessment                                                                                                           | pro payonosociary, ou-occurring                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
|                           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |

| Name                                                                                                                                  | Agency                                                                                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                          | Fax             |
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| Cave, Korina                                                                                                                          | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                           | 1420 E Military Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)721-1774                                  | (402)721-9689   |
| Substance Abuse Services:                                                                                                             |                                                                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | •               |
| Mental Health Services:                                                                                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                 |
| Juvenile Services:                                                                                                                    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
| Other Services:                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
| 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rring Treatment; Juve<br>ential Services Outpa | nile Assessment |
| Mental Health Services:                                                                                                               | Crisis Phone Line; Emergency Medical Health Ev                                                                                                                                                                                                                               | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psyc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | hosocial); Co-Occurri                          | ng              |
| Juvenile Services:                                                                                                                    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
| Other Services:                                                                                                                       | No Voucher Acceptance;                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
| Chohon, Allen                                                                                                                         | Alegent Health                                                                                                                                                                                                                                                               | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)758-5883                                  | (402)758-5855   |
| Substance Abuse Services:                                                                                                             | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile                                                                                                                                                                              | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occui<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile Non-Residential Services Outpatient - Co-Occurring Treatr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rring Treatment; Juve<br>ential Services Outpa | nile Assessment |
| Mental Health Services:                                                                                                               | Crisis Phone Line; Emergency Medical Health Ev                                                                                                                                                                                                                               | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psyc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | hosocial); Co-Occurri                          | ng              |
| Juvenile Services:                                                                                                                    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
| Other Services:                                                                                                                       | No Voucher Acceptance;                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
|                                                                                                                                       |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |
| Clark, Cristian "Kat"                                                                                                                 | CenterPointe                                                                                                                                                                                                                                                                 | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)827-0570                                  | (402)827-0580   |
| <u> </u>                                                                                                                              | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                 | aluations; Adult Residential Services Dual Residential (MH/SA); Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                              | ,               |
| Substance Abuse Services:                                                                                                             | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ter                                                                                                                                                                            | aluations; Adult Residential Services Dual Residential (MH/SA); Adum Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                              | ,               |
| Substance Abuse Services:                                                                                                             | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ter<br>Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                          | aluations; Adult Residential Services Dual Residential (MH/SA); Adum Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                              | ,               |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ter<br>Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                          | aluations; Adult Residential Services Dual Residential (MH/SA); Adum Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                              | ,               |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ter<br>Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                          | aluations; Adult Residential Services Dual Residential (MH/SA); Adum Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                              | ,               |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:  Clark, Cristian "Kat"                          | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ev<br>Pre-Treatment Assessment (bio-psychosocial); C<br>Sliding Fee Scale;<br>CenterPointe<br>Adult Assessment Services Substance Abuse Ev                                     | aluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential (MH/SA); Adult Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential Services Dual Residential Services Dual Residential Services Dual Residential Services Dual Residential Services Dual Residential Services Dual Residential Services Dual Residential Servic | ult Residential Service                        | (402)827-0580   |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Clark, Cristian "Kat" Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; CenterPointe Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter | aluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential (o-Occurring  1490 N 16th St Omaha NB 68102  aluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ult Residential Service                        | (402)827-0580   |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Clark, Cristian "Kat" Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ev<br>Pre-Treatment Assessment (bio-psychosocial); C<br>Sliding Fee Scale;<br>CenterPointe<br>Adult Assessment Services Substance Abuse Ev                                     | aluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential (o-Occurring  1490 N 16th St Omaha NB 68102  aluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ult Residential Service                        | (402)827-0580   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Hearing Impaired; Bilingual Services;

| Name                                          | Agency                                                                                           | Address                                                                                                                                                                                                                                                                                                               | Phone                                         | Fax                                    |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|
| Cloyd, Christi                                | Alegent Health                                                                                   | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                               | (402)572-2932                                 | (402)572-3467                          |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>venile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-<br>o-Occurring Treatment | dult Non-Residential<br>vices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services:                       | ·                                                                                                | •                                                                                                                                                                                                                                                                                                                     |                                               |                                        |
| Juvenile Services:                            |                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Other Services:                               | No Voucher Acceptance;                                                                           |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Cloyd, Christi                                | Alegent Health                                                                                   | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                               | (402)572-2932                                 | (402)572-3467                          |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>venile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment       | dult Non-Residential<br>vices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services:                       |                                                                                                  | <b>3</b>                                                                                                                                                                                                                                                                                                              |                                               |                                        |
| Juvenile Services:                            |                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Other Services:                               | No Voucher Acceptance;                                                                           |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Colon, Legna                                  | Goodwill Industries Omaha                                                                        | 4805 N 72nd St Omaha NB 68134                                                                                                                                                                                                                                                                                         | (402)201-5231                                 |                                        |
| Substance Abuse Services:                     |                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy                                                                               |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| 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;                                                                              |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Connelly, Carolyn                             | Boys Town                                                                                        | 13460 Walsh Dr Boys Town NB 68101                                                                                                                                                                                                                                                                                     | (402)498-3329                                 | (402)498-3375                          |
| Substance Abuse Services:                     |                                                                                                  | Evaluations; Juvenile Non-Residential Services Intervention/Educativices Outpatient - Individual; Juvenile Non-Residential Services Outpatient                                                                                                                                                                        | ,                                             |                                        |
| Mental Health Services:                       |                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                               |                                        |
| Juvenile Services:                            | Mental Health; Outpatient Therapy - Co-occurring                                                 | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                                      | ntensive Outpatient:                          |                                        |

| Name                                  | Agency                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                | Fax                  |
|---------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| Connelly, Carolyn                     | Boys Town                                                                                       | 13460 Walsh Dr Boys Town NB 68101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)498-3329        | (402)498-3375        |
| Substance Abuse Services:             |                                                                                                 | Evaluations; Juvenile Non-Residential Services Intervention/Education or Coutpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intervention/Education - Individual; Juvenile Non-Residential Services Intervention/Education - Individual; Juvenile Non-Residential Services Intervention - Individual; Juvenile Non-Residential Services Intervention - Individual; Juvenile Non-Residential Services Intervential Services Outpatient - Individual; Juvenile Non-Residential - Individual; Juvenile Non-Resi | ,                    |                      |
| Mental Health Services:               |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Juvenile Services:                    | Mental Health; Outpatient Therapy - Co-occurring                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                      |
| Other Services:                       | Hearing Impaired; Bilingual Services;                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Cook, Count                           | Confidential Counseling & Consulting C/O Count Cook                                             | 1941 S 42nd St Suite 110 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)457-5761        |                      |
| Substance Abuse Services:             | Individual; Adult Non-Residential Services Intens                                               | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Interven dential Services Outpatient - Individual; Juvenile Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion/Education; Juve | nile Non-Residential |
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                      |
| Juvenile Services:                    | Outpatient Therapy - Individual-Mental Health; On Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatienessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t Therapy including  | Family Sessions-     |
| Other Services:                       | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Cook, Count                           | Confidential Counseling & Consulting C/O Count Cook                                             | 1941 S 42nd St Suite 110 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)457-5761        |                      |
| Substance Abuse Services:             | Individual; Adult Non-Residential Services Intens                                               | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Interven dential Services Outpatient - Individual; Juvenile Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion/Education; Juve | nile Non-Residential |
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                      |
| Juvenile Services:                    | Outpatient Therapy - Individual-Mental Health; On Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier essment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | t Therapy including  | Family Sessions-     |
| Other Services:                       | Sliding Fee Scale;                                                                              | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                      |
| Cook, Von                             | McCullough Counseling & Recovery LLC                                                            | 6572 Ames Ave Ste C Omaha NB 68104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)510-2733        |                      |
|                                       | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment                         | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                      |
| Mental Health Services:               |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Juvenile Services:<br>Other Services: | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Carior Scryicos.                      | Siluling I de Scale,                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Hearing Impaired;

| Name                                               | Agency                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                          | Phone                                                                                 | Fax                                    |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|
| Cook, Von                                          | McCullough Counseling & Recovery LLC                                                                                                                                                                   | 6572 Ames Ave Ste C Omaha NB 68104                                                                                                                                                                                                                               | (402)510-2733                                                                         |                                        |
| Substance Abuse Services:                          |                                                                                                                                                                                                        | valuations; Adult Non-Residential Services Intervention/E<br>ent - Family; Adult Non-Residential Services Outpatient -                                                                                                                                           |                                                                                       |                                        |
| Mental Health Services:                            |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| Juvenile Services:                                 |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |                                                                                       |                                        |
| Cornelius, Dawn                                    | All Communities Outreach Services                                                                                                                                                                      | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                              | (402)257-1122                                                                         |                                        |
|                                                    | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Ser<br>Residential Services Outpatient - Groups; Juven<br>Juvenile Non-Residential Services Intensive Out | valuations; Adult Non-Residential Services Intervention/Eent - Family; Adult Non-Residential Services Outpatient - vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juveni patient Treatment                            | Individual; Adult Non-Residential Sedential Sedential Services Intervention/Education | ervices Intensive<br>on; Juvenile Non- |
| Mental Health Services:                            | ,                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  |                                                                                       | . =                                    |
| Juvenile Services:                                 | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Employment Placement Program                                                                                                              | eatment: Day Reporting; Non-Treatment: Anger Manage<br>m: Non-Treatment: Family Partner                                                                                                                                                                          | ment Class; Non-Treatment: Genera                                                     | I Education Clas                       |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                    | n, non readient. Family Fartier                                                                                                                                                                                                                                  |                                                                                       |                                        |
| 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<br>Outpatient Treatment; Juvenile Assessment Ser<br>Residential Services Outpatient - Groups; Juven<br>Juvenile Non-Residential Services Intensive Out | valuations; Adult Non-Residential Services Intervention/E<br>ent - Family; Adult Non-Residential Services Outpatient -<br>vices Substance Abuse Evaluations; Juvenile Non-Resic<br>ile Non-Residential Services Outpatient - Family; Juveni<br>patient Treatment | Individual; Adult Non-Residential Sedential Sedential Services Intervention/Education | ervices Intensive<br>on; Juvenile Non- |
|                                                    |                                                                                                                                                                                                        | eatment: Day Reporting; Non-Treatment: Anger Manage                                                                                                                                                                                                              | ment Class: Non-Treatment: Genera                                                     | l Education Clas                       |
|                                                    | Non-Treatment: Employment Placement Program                                                                                                                                                            | m; Non-Treatment: Family Partner                                                                                                                                                                                                                                 | 2                                                                                     |                                        |
| 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                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |                                                                                       |                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                                                              | Address                                                                                                                                                                                                                                                                                 | Phone                                         | Fax                 |
|---------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------|
| Cusumano, Peter           | Alegent Health                                                                                      | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                       | (402)758-5892                                 | (402)758-5855       |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile  | aluations; Adult Non-Residential Services Outpatient - Groups; Adul<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juve<br>ential Services Outpa | nile Assessment     |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                               |                     |
| Juvenile Services:        |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                               |                     |
| Other Services:           | Sliding Fee Scale; No Voucher Acceptance;                                                           |                                                                                                                                                                                                                                                                                         |                                               |                     |
| Cusumano, Peter           | Alegent Health                                                                                      | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                       | (402)758-5892                                 | (402)758-5855       |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile     | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn                            | ring Treatment; Juve<br>ential Services Outpa | nile Assessment     |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                               |                     |
| Juvenile Services:        |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                               |                     |
| Other Services:           | Sliding Fee Scale; No Voucher Acceptance;                                                           |                                                                                                                                                                                                                                                                                         |                                               |                     |
| 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     | raluations; Adult Non-Residential Services Outpatient - Groups; Adul                                                                                                                                                                                                                    | t Non-Residential Se                          | rvices Outpatient - |
| Mental Health Services:   | •                                                                                                   | ive Outpatient Treatment                                                                                                                                                                                                                                                                |                                               |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>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: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intensi  | aluations; Adult Non-Residential Services Outpatient - Groups; Adul                                                                                                                                                                                                                     | t Non-Residential Se                          | rvices Outpatient - |
| Mental Health Services:   |                                                                                                     | ive Oupatient Treatment                                                                                                                                                                                                                                                                 |                                               |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                      | ent Therapy including                         | Family Sessions-    |
| Other Services:           | Sliding Fee Scale;                                                                                  | ,,                                                                                                                                                                                                                                                                                      |                                               |                     |
| Diaz, Isabel              | Diaz Counseling LLC                                                                                 | 4107 so. 22nd St Omaha NB 68107                                                                                                                                                                                                                                                         | (402)706-1847                                 |                     |
| Substance Abuse Services: |                                                                                                     | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                             |                                               |                     |
| Mental Health Services:   | •                                                                                                   |                                                                                                                                                                                                                                                                                         |                                               |                     |
| Juvenile Services:        |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                               |                     |

| Name                      | Agency                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                | Fax                                                       |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------|
| Diaz, Isabel              | Diaz Counseling LLC                                                                                                                                                                                      | 4107 so. 22nd St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                      | (402)706-1847                                                        |                                                           |
| Substance Abuse Services: |                                                                                                                                                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                      |                                                                      | •                                                         |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |
| Juvenile Services:        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |
| Other Services:           | Bilingual Services;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |
| Dinneen, Mary             | Dinneen Counseling Services                                                                                                                                                                              | 8031 W Center Rd Suite 324 Omaha NB 68124                                                                                                                                                                                                                                                                                                                            | (402)502-5002                                                        | (402)502-5102                                             |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential<br>vices Intervention/Ed<br>esidential Services | Services Outpatient -<br>lucation; Juvenile               |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                          | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                     | ccurring                                                             |                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid); Assessm                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Outpatier<br>lent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                               | nt Therapy - Co-occ                                                  | urring; 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential<br>vices Intervention/Ed<br>esidential Services | Services Outpatient -<br>lucation; Juvenile               |
|                           |                                                                                                                                                                                                          | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                     | -                                                                    |                                                           |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                             | utpatient Therapy including Family Sessions-Mental Health; Outpatien<br>ent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                | nt Therapy - Co-occ                                                  | urring; Assessment:                                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |
| Dirks, Tamara             | Nebraska Urban Indian Health Inc                                                                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                     | (402)346-0902                                                        | (402)342-5290                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve                                                 | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Short Term Residential; Juvenile Assessment Services Substance A<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re<br>idividual; Juvenile Non-Residential Services Intensive Outpatient Trea | dult Non-Residential<br>buse Evaluations; J<br>sidential Services O  | Services Intensive<br>uvenile Non-<br>utpatient - Family; |
| Mental Health Services:   |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |
| Juvenile Services:        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                           |

| Name                      | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                               | Phone                                                             | Fax                                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------|
| Dirks, Tamara             | Nebraska Urban Indian Health Inc                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                      | (402)346-0902                                                     | (402)342-5290                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Short Term Residential; Juvenile Assessment Services Substance Aenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Intensive Outpatient Tre | dult Non-Residential<br>Abuse Evaluations; Jesidential Services O | Services Intensive uvenile Non-utpatient - Family; |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Doyle, Beverly            | Team Inc                                                                                                                                                 | 2505 N 24th St Omaha NB 68110                                                                                                                                                                                                                                                                                                                         | (402)451-5549                                                     | (402)451-2876                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv<br>Individual                                                                                          | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenil                                                                                                                                                                                                                                                                                 | e Non-Residential S                                               | ervices Outpatient -                               |
| Mental Health Services:   |                                                                                                                                                          | agement; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatmen                                                                                                                                                                                                                                                                                        | nt Assessment (bio-pa                                             | sychosocial);                                      |
| Juvenile Services:        | Assessment: Pre-Treatment Assessment (Medica                                                                                                             | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol                                                                                                                                                                                                                                                                                       | ogical Evaluation                                                 |                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Doyle, Beverly            | Team Inc                                                                                                                                                 | 2505 N 24th St Omaha NB 68110                                                                                                                                                                                                                                                                                                                         | (402)451-5549                                                     | (402)451-2876                                      |
| Substance Abuse Services: |                                                                                                                                                          | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenil                                                                                                                                                                                                                                                                                 | e Non-Residential S                                               | ervices Outpatient -                               |
|                           | Psychological Evaluation                                                                                                                                 | agement; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatmen                                                                                                                                                                                                                                                                                        |                                                                   | sychosocial);                                      |
|                           | ,                                                                                                                                                        | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol                                                                                                                                                                                                                                                                                       | ogical Evaluation                                                 |                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Duggins, John             | Alegent Health                                                                                                                                           | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                                                               | (402)572-2469                                                     | (402)572-3467                                      |
| Substance Abuse Services: |                                                                                                                                                          | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non ervices Outpatient - Family; Juvenile Non-Residential Services Outp                                                                                                                                                                                                            |                                                                   |                                                    |
| Mental Health Services:   | ·                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                         | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                   | nt Therapy - Co-occi                                              | urring                                             |
| Other Services:           | Bilingual Services;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
| Duggins, John             | Alegent Health                                                                                                                                           | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                                                               | (402)572-2469                                                     | (402)572-3467                                      |
|                           |                                                                                                                                                          | lly; Adult Non-Residential Services Outpatient - Individual; Adult Non ervices Outpatient - Family; Juvenile Non-Residential Services Outp                                                                                                                                                                                                            |                                                                   |                                                    |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |
|                           | 1 12                                                                                                                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                   | nt Therapy - Co-occi                                              | urring                                             |
| Other Services:           | Bilingual Services;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                    |

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                      | Phone                                      | Fax             |
|---------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------|
| Earley, Morgan            | Morgan Earley LLC                                                                                 | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128                                                                                                                                                                                                                                          | (402)302-0353                              |                 |
| Substance Abuse Services: |                                                                                                   | aluations; Adult Non-Residential Services Outpatient - Individual; Adu<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv<br>reatment                                                                                                                                     |                                            |                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                           |                                            |                 |
|                           | (Medicaid)                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                           | ent: Pre-Treatment                         | Assessment      |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                              |                                            |                 |
| Earley, Morgan            | Morgan Earley LLC                                                                                 | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128                                                                                                                                                                                                                                          | (402)302-0353                              |                 |
|                           | Co-Occurring Treatment; Juvenile Assessment S<br>Residential Services Outpatient - Co-Occurring T |                                                                                                                                                                                                                                                                                              |                                            |                 |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                    | · · ·                                                                                                                                                                                                                                                                                        |                                            |                 |
|                           | (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<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Resider<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatmo | ng Treatment; Juverntial Services Outpa    | nile Assessment |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                           |                                            |                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid)                                      | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                           | ent: Pre-Treatment                         | Assessment      |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                              |                                            |                 |
| 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<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Resider<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatmo | ng Treatment; Juve<br>ntial Services Outpa | nile Assessment |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                           |                                            |                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid)                                      | utpatient Therapy including Family Sessions-Mental Health; Assessment                                                                                                                                                                                                                        | ent: Pre-Treatment                         | Assessment      |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                              |                                            |                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| vidual-Mental Health; C<br>ent (Medicaid); Assessr<br>Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105  It (bio-psychosocial); Psychological Evaluation  Outpatient Therapy including Family Sessions-Mental Health; Oment: Outpatient Psychiatric Evaluation; Assessment: Mental S  1941 S 42nd Street, Ste. 328 Omaha NB 68105 |                                                                                      |                                                                                                                                                               |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| vidual-Mental Health; C<br>ent (Medicaid); Assessr<br>Health | Outpatient Therapy including Family Sessions-Mental Health; Oment: Outpatient Psychiatric Evaluation; Assessment: Mental S                                                                                                                                            |                                                                                      |                                                                                                                                                               |
| vidual-Mental Health; C<br>ent (Medicaid); Assessr<br>Health | Outpatient Therapy including Family Sessions-Mental Health; Oment: Outpatient Psychiatric Evaluation; Assessment: Mental S                                                                                                                                            |                                                                                      |                                                                                                                                                               |
| ent (Medicaid); Assessr<br>Health                            | ment: Outpatient Psychiatric Evaluation; Assessment: Mental S                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                               |
|                                                              | 1941 S 42nd Street. Ste. 328 Omaha NB 68105                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                               |
|                                                              | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                               |
|                                                              |                                                                                                                                                                                                                                                                       | (402)614-8444                                                                        | (402)614-8443                                                                                                                                                 |
|                                                              |                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                               |
| Freatment Assessment                                         | t (bio-psychosocial); Psychological Evaluation                                                                                                                                                                                                                        |                                                                                      |                                                                                                                                                               |
|                                                              | Outpatient Therapy including Family Sessions-Mental Health; O ment: Outpatient Psychiatric Evaluation; Assessment: Mental S                                                                                                                                           |                                                                                      |                                                                                                                                                               |
|                                                              |                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                               |
| ice                                                          | 302 American Pkwy Papillion NB 68046                                                                                                                                                                                                                                  | (402)552-7062                                                                        |                                                                                                                                                               |
| idential Services Outpa<br>patient - Groups; Juven           | Evaluations; Adult Non-Residential Services Outpatient - Groups<br>atient - Co-Occurring Treatment; Juvenile Assessment Services<br>nile Non-Residential Services Outpatient - Individual; Juvenile N                                                                 | s Substance Abuse Evaluati                                                           | ions; Juvenile Non-                                                                                                                                           |
| Occurring                                                    |                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                               |
| ridual-Mental Health; C                                      | Outpatient Therapy including Group Sessions-Mental Health; O                                                                                                                                                                                                          | utpatient Therapy - Co-occu                                                          | rring                                                                                                                                                         |
|                                                              |                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                               |
| ice                                                          | 302 American Pkwy Papillion NB 68046                                                                                                                                                                                                                                  | (402)552-7062                                                                        |                                                                                                                                                               |
| idential Services Outpa                                      | Evaluations; Adult Non-Residential Services Outpatient - Groups<br>atient - Co-Occurring Treatment; Juvenile Assessment Services<br>nile Non-Residential Services Outpatient - Individual; Juvenile N                                                                 | s Substance Abuse Evaluati                                                           | ions; Juvenile Non-                                                                                                                                           |
| Occurring                                                    |                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                               |
| √idual-Mental Health; C                                      | Outpatient Therapy including Group Sessions-Mental Health; O                                                                                                                                                                                                          | utpatient Therapy - Co-occu                                                          | rring                                                                                                                                                         |
|                                                              |                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                               |
|                                                              | 604 South 37 St Omaha NB 68105                                                                                                                                                                                                                                        | (402)346-8898                                                                        |                                                                                                                                                               |
|                                                              | lividual-Mental Health; (                                                                                                                                                                                                                                             | lividual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; O | dividual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occu  604 South 37 St Omaha NB 68105 (402)346-8898 |

Mental Health Services:

Juvenile Services:

Other Services: No Voucher Acceptance;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                      | Address                                                                                                                                      | Phone         | Fax                 |
|---------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|
| Fuchs, Thomas             | ARCH INC                                    | 604 South 37 St Omaha NB 68105                                                                                                               | (402)346-8898 |                     |
| Substance Abuse Services: | Adult Residential Services Halfway-House    |                                                                                                                                              |               |                     |
| Mental Health Services:   |                                             |                                                                                                                                              |               |                     |
| Juvenile Services:        |                                             |                                                                                                                                              |               |                     |
| Other Services:           | No Voucher Acceptance;                      |                                                                                                                                              |               |                     |
| Gaines, Denise            | Carole's House of Hope                      | 7815 Harney St Omaha NB 68114                                                                                                                | (402)991-4673 | (402)596-1768       |
| Substance Abuse Services: |                                             | Evaluations; Adult Non-Residential Services Intervention/Education; ient - Individual; Adult Non-Residential Services Outpatient - Co-Oc     |               | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen | nt (bio-psychosocial); Co-Occurring                                                                                                          |               |                     |
| Juvenile Services:        |                                             |                                                                                                                                              |               |                     |
| Other Services:           | Sliding Fee Scale;                          |                                                                                                                                              |               |                     |
| Gaines, Denise            | Carole's House of Hope                      | 7815 Harney St Omaha NB 68114                                                                                                                | (402)991-4673 | (402)596-1768       |
| Substance Abuse Services: |                                             | Evaluations; Adult Non-Residential Services Intervention/Education;<br>iient - Individual; Adult Non-Residential Services Outpatient - Co-Oc |               | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen | nt (bio-psychosocial); Co-Occurring                                                                                                          |               |                     |
| 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:   | Outpatient Therapy; Pre-Treatment Assessmen | nt (bio-psychosocial)                                                                                                                        |               |                     |
| 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:   | Outpatient Therapy; Pre-Treatment Assessmen | nt (bio-psychosocial)                                                                                                                        |               |                     |
| Juvenile Services:        |                                             |                                                                                                                                              |               |                     |
| Other Services:           | Sliding Fee Scale;                          |                                                                                                                                              |               |                     |
| Gasper, Jodi              | Boys Town                                   | 13628 Flanagan Blvd Boys Town NB 68010                                                                                                       | (402)498-3343 | (402)498-3333       |
| Substance Abuse Services: |                                             |                                                                                                                                              |               |                     |
| Mental Health Services:   |                                             |                                                                                                                                              |               |                     |

Juvenile Services: Out-Of-Home Shelter Care; Out-Of-Home: Group Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Emergency Foster Care; Out-Of-Home: Group Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Emergency Foster Care; Out-Of-Home: Group Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Group Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home: Group Home A; Out-Of-Home 
Home: Respite Care; Non-Treatment: Family Support Worker; Assessment: Home Assessment (Foster Care Relative/Kinship)

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                        | Fax                               |
|---------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|
| Gasper, Jodi              | Boys Town                                                                                             | 13628 Flanagan Blvd Boys Town NB 68010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)498-3343                                | (402)498-3333                     |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
| Juvenile Services:        |                                                                                                       | Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Hopport Worker; Assessment: Home Assessment (Foster Care Relative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | ster Care; Out-Of-                |
| Other Services:           | Bilingual Services;                                                                                   | port worker, Assessment. Home Assessment (Poster Care Relative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Kiliship)                                    |                                   |
| George, Timothy           | Adjudicated Youth Services                                                                            | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)812-6849                                |                                   |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
|                           |                                                                                                       | atment: Tracker (Except Douglas County); Non-Treatment: Supervise on-Treatment: Anger Management Class; Non-Treatment: General Et: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                   |
| George, Timothy           | Adjudicated Youth Services                                                                            | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)812-6849                                |                                   |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
|                           |                                                                                                       | atment: Tracker (Except Douglas County); Non-Treatment: Supervise on-Treatment: Anger Management Class; Non-Treatment: General Et: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                   |
| 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<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                   |
| Mental Health Services:   |                                                                                                       | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sexually Harm Eval                           | uation; Psychologica              |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psych | ent: Intensive Outpat<br>Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |
| Giles, Nicholas           | Counseling Affiliates of Nebraska                                                                     | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                | (402)488-0017                     |
| Substance Abuse Services: |                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                   |
| Mental Health Services:   |                                                                                                       | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sexually Harm Eval                           | uation; Psychologica              |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Youth Who S     | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt Therapy including ent: Intensive          | Family Sessions-                  |

| Nome                      | Aganay                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                          | Dhone                                            | Fov                                         |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| Name                      | Agency                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                          | Phone                                            | Fax                                         |
| Other Services:           | Outpatient Therapy-Mental Health; Intensive Ou<br>Therapy-Co-occurring; Assessment: Pre-Treatm<br>Assessment: Juvenile Who Sexually Harm Risk<br>Sliding Fee Scale; | tpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; In<br>lent Assessment (Medicaid); Assessment: Mental Status Exam (MSI<br>Assessment                                                                                                                                                              | tensive Outpatient: In:<br>E); Assessment: Psycl | tensive Outpatient<br>hological Evaluation; |
| Gilfillan, Dameon         |                                                                                                                                                                     | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                  | (402)346-0902                                    | (402)342-5290                               |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati<br>Outpatient Treatment; Juvenile Assessment Ser                                                                     | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;<br>vices Substance Abuse Evaluations; Juvenile Non-Residential Servi<br>nile Non-Residential Services Outpatient - Family; Juvenile Non-Resi<br>tpatient Treatment | Adult Non-Residential ces Intervention/Educ      | Services Intensive ation; Juvenile Non-     |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                              |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Gilfillan, Dameon         |                                                                                                                                                                     | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                  | (402)346-0902                                    | (402)342-5290                               |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati<br>Outpatient Treatment; Juvenile Assessment Ser                                                                     | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;<br>vices Substance Abuse Evaluations; Juvenile Non-Residential Servi<br>ille Non-Residential Services Outpatient - Family; Juvenile Non-Resi<br>tpatient Treatment | Adult Non-Residential ces Intervention/Educ      | Services Intensive ation; Juvenile Non-     |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                              |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Gonzalez, Beatriz         | BG Counseling and Consulting                                                                                                                                        | 1941 S 42nd St Suite 107 Omaha NB 68105                                                                                                                                                                                                                                                                          | (402)212-0027                                    | (402)300-1869                               |
|                           | Adult Non-Residential Services Intervention/Edu<br>Individual; Juvenile Assessment Services Subst<br>Services Outpatient - Family; Juvenile Non-Resi                | ication; Adult Non-Residential Services Outpatient - Family; Adult No<br>ance Abuse Evaluations; Juvenile Non-Residential Services Interver<br>dential Services Outpatient - Individual                                                                                                                          | n-Residential Service ition/Education; Juver     | s Outpatient -<br>nile Non-Residential      |
| Mental Health Services:   |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Juvenile Services:        |                                                                                                                                                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-                                                                                                                                                                      |                                                  |                                             |
| Other Services:           | Bilingual Services;                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Gonzalez, Beatriz         | BG Counseling and Consulting                                                                                                                                        | 1941 S 42nd St Suite 107 Omaha NB 68105                                                                                                                                                                                                                                                                          | (402)212-0027                                    | (402)300-1869                               |
| Substance Abuse Services: |                                                                                                                                                                     | ication; Adult Non-Residential Services Outpatient - Family; Adult No<br>ance Abuse Evaluations; Juvenile Non-Residential Services Interver<br>dential Services Outpatient - Individual                                                                                                                          |                                                  |                                             |
| Mental Health Services:   | ·                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |
| Juvenile Services:        |                                                                                                                                                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-                                                                                                                                                                      |                                                  |                                             |
| Other Services:           | Bilingual Services;                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |                                                  |                                             |

| Name                      | Agency                                                                                              | Address                                                                                                                                         | Phone                                               | Fax                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|
| Good, Katie               | Lutheran Family Services of NE Inc                                                                  | 11807 Q Street Omaha NB 68137                                                                                                                   | (402)595-1338                                       |                                     |
| Substance Abuse Services: |                                                                                                     |                                                                                                                                                 |                                                     |                                     |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                 |                                                     |                                     |
| Juvenile Services:        |                                                                                                     | Outpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                             | nt Therapy including Fa                             | amily Sessions-                     |
| Other Services:           | Mental Health; Outpatient Therapy - Youth Who Sliding Fee Scale; Hearing Impaired; Bilingual S      | ·                                                                                                                                               |                                                     |                                     |
| Guier Gervides.           | Silding Fee Scale, Hearing Impaned, Billingual S                                                    | ervices,                                                                                                                                        |                                                     |                                     |
| Good, Katie               | Lutheran Family Services of NE Inc                                                                  | 11807 Q Street Omaha NB 68137                                                                                                                   | (402)595-1338                                       |                                     |
| Substance Abuse Services: |                                                                                                     |                                                                                                                                                 |                                                     |                                     |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                 |                                                     |                                     |
| Juvenile Services:        |                                                                                                     | Outpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                             | nt Therapy including Fa                             | amily Sessions-                     |
| Other Services:           | Mental Health; Outpatient Therapy - Youth Who<br>Sliding Fee Scale; Hearing Impaired; Bilingual S   |                                                                                                                                                 |                                                     |                                     |
| Other Services.           | Sliding Fee Scale, Hearing Impaired, Billingual S                                                   | ervices,                                                                                                                                        |                                                     |                                     |
| Green, Faith              | Heartland Family Service                                                                            | 302 American Pkwy Papillion NB 68046                                                                                                            | (402)339-2544                                       |                                     |
|                           | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Juvenile Assessment S    |                                                                                                                                                 | Adult Non-Residential S<br>rvices Intervention/Educ | ervices Outpatient cation; Juvenile |
|                           |                                                                                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includin                                                                          | ng Group Sessions-Mer                               | ital Health;                        |
|                           |                                                                                                     | Plental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Ti                                                                           |                                                     |                                     |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                 |                                                     |                                     |
| Green, Faith              | Heartland Family Service                                                                            | 302 American Pkwy Papillion NB 68046                                                                                                            | (402)339-2544                                       |                                     |
|                           | Groups; Adult Non-Residential Services Outpation Co-Occurring Treatment; Juvenile Assessment States | •                                                                                                                                               | Adult Non-Residential S<br>rvices Intervention/Educ | ervices Outpatient cation; Juvenile |
| Juvenile Services:        |                                                                                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includin<br>flental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Ti |                                                     |                                     |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                 |                                                     |                                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Services Intensive Outpatient Treatment

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                  | Fax                                                          |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|
| Gregory, Nichole          |                                                                                                                                   | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                               | (402)720-1621                                                          | (402)753-6445                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                 | raluations; Adult Non-Residential Services Intervention/Education; A<br>ont - Family; Adult Non-Residential Services Outpatient - Individual;<br>rices Substance Abuse Evaluations; Juvenile Non-Residential Servicele Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment                                                   | Adult Non-Residential<br>ces Intervention/Educ                         | Services Intensive<br>ation; Juvenile Nor                    |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
|                           | Non-Treatment: General Education Class                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Gregory, Nichole          |                                                                                                                                   | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                               | (402)720-1621                                                          | (402)753-6445                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                 | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Servicele Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | Adult Non-Residential<br>ces Intervention/Educ                         | Services Intensive ation; Juvenile No                        |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
|                           | Non-Treatment: General Education Class                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Griffen, Sheila           | The Clearview Center, Inc.                                                                                                        | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                                                                                                                                                         | (712)326-1960                                                          |                                                              |
| Substance Abuse Services: |                                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                                                                                |                                                                        |                                                              |
| Mental Health Services:   | oupation frounds                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Griffen, Sheila           | The Clearview Center, Inc.                                                                                                        | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                                                                                                                                                         | (712)326-1960                                                          |                                                              |
| Substance Abuse Services: |                                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                           |                                                                        |                                                              |
| Mental Health Services:   | Outpatient Treatment                                                                                                              |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                              |
| Hall, John                | Complete Family Treatment Services                                                                                                | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                       | (402)325-1290                                                          |                                                              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N Individual; Juvenile Non-Residential Services Outpatient - Co-Occurri   | Adult Non-Residential<br>ices Substance Abuso<br>on-Residential Servic | Services Outpations; Juves Outpations; Juves Outpatient - Fa |

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                        | Fax                                                                   |
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| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                       |
| Juvenile Services:        |                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Ou<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | amily Sessions-                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ğ                                                                                            |                                                                       |
| Hall, John                | Complete Family Treatment Services                                                                                                | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)325-1290                                                                                |                                                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services Outpatient - Co-Onditional Services | lual; Adult Non-Residential S<br>Services Substance Abuse I<br>nile Non-Residential Services | ervices Outpatient -<br>Evaluations; Juvenile<br>Outpatient - Family; |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                       |
| Juvenile Services:        |                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Ou<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | amily Sessions-                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                       |
| Hamilton, Teresa          | Hamilton Behavioral Health Services                                                                                               | 203 W 29th Ave #6 Bellevue NB 68005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)639-0435                                                                                |                                                                       |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                | raluations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co-Non-Residential Services Outpatient - Groups; Juvenile Non-Fuvenile Non-Residential Services Outpatient - Co-Occurring (hip-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Occurring Treatment; Juvenil Residential Services Outpation                                  | e Assessment<br>ent - Family; Juvenile                                |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Ou<br>urring; Assessment: Pre-Treatment Assessment (Medicaid); As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | utpatient Therapy - Co-occur<br>ssessment: Mental Status Ex                                  | ring; Intensive<br>am (MSE);                                          |
| Hamilton, Teresa          | Hamilton Behavioral Health Services                                                                                               | 203 W 29th Ave #6 Bellevue NB 68005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)639-0435                                                                                |                                                                       |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                | raluations; Adult Non-Residential Services Outpatient - Groups: nt - Individual; Adult Non-Residential Services Outpatient - Co-O Non-Residential Services Outpatient - Groups; Juvenile Non-F Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Occurring Treatment; Juvenil<br>Residential Services Outpation                               | e Assessment<br>ent - Family; Juvenile                                |
|                           |                                                                                                                                   | too-psychosocial), Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | itnatient Therapy - Co-occur                                                                 | ring: Intensive                                                       |
|                           |                                                                                                                                   | urring; Assessment: Pre-Treatment Assessment (Medicaid); As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                       |

| 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                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                             |
|                           |                                                                                                                                                                                                                                                        | utpatient 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:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                             |
|                           |                                                                                                                                                                                                                                                        | utpatient 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                                                         |                                             |
| Juvenile Services:        | Abuse Evaluations; Juvenile Non-Residential Set<br>Services Outpatient - Family; Juvenile Non-Resid<br>Outpatient Therapy; Pre-Treatment Assessment<br>Non-Treatment: Family Support Worker; Non-Tre<br>Group Sessions-Mental Health; Outpatient Thera | •                                                                                                                                                                                                                                                                                                                                                  | tpatient - Groups; Juv<br>Mental Health; Outpa                        | venile Non-Residentia                       |
|                           | Sliding Fee Scale; Hearing Impaired; Team Inc                                                                                                                                                                                                          | 4401 N 21st St. Omaha NB 68110                                                                                                                                                                                                                                                                                                                     | (402)960-9784                                                         |                                             |
| Harper, Hallie            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                    | , ,                                                                   | 0                                           |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Therapy; Pre-Treatment Assessment                                                                | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                 | uvenile Assessment<br>patient - Groups; Juv                           | Services Substance<br>venile Non-Residentia |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | eatment: Anger Management Class; Outpatient Therapy - Individual-Napy including Family Sessions-Mental Health; Intensive Outpatient: In                                                                                                                                                                                                            |                                                                       |                                             |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                             |
| 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<br>Services Substance Abuse Evaluations; Juvenile<br>Juvenile Non-Residential Services Outpatient - Ir                                                                                                | raluations; Adult Non-Residential Services Intervention/Education; Acnt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juve<br>idential Services Out<br>ng Treatment; Juveni | nile Assessment patient - Family;           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                             |
| luvanila Camiana          | Outpatient Therapy - Individual-Mental Health: O                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                | ent Therany - Co-occ                                                  | urring                                      |

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                    | Fax                                 |
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| Other Services:           | Intensive Outpatient: Intensive Outpatient Therap<br>Assessment: Co-Occurring<br>Sliding Fee Scale;                                                     | by-Co-occurring; Therapeutic Group Home-Co-Occurring; Assessmen                                                                                                                                                                                                                                                                                             | nt: Pre-Treatment Ass                                                    | essment (Medicaid)                  |
| 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<br>Services Substance Abuse Evaluations; Juvenile<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring<br>Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juven<br>idential Services Outp<br>ng Treatment; Juvenik | ile Assessment<br>patient - Family; |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                     |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tre                                                                                                                                                                                                                        | ent Therapy - Co-occu<br>eatment Assessment (                            | rring; Intensive<br>(Medicaid);     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Hernandez, Tanya          | Nebraska Family Foundation                                                                                                                              | 3511 Pine Street Omaha NB 68105                                                                                                                                                                                                                                                                                                                             | (402)578-5044                                                            |                                     |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
|                           | • • • • • • • • • • • • • • • • • • • •                                                                                                                 | atment: Day Reporting; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                        |                                                                          |                                     |
| Other Services:           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Hernandez, Tanya          | Nebraska Family Foundation                                                                                                                              | 3511 Pine Street Omaha NB 68105                                                                                                                                                                                                                                                                                                                             | (402)578-5044                                                            |                                     |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
|                           |                                                                                                                                                         | atment: Day Reporting; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                        |                                                                          |                                     |
| Other Services:           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Heydenreich, Martha       |                                                                                                                                                         | 1304 Hickory Circle Papillion NB 68133                                                                                                                                                                                                                                                                                                                      | (402)593-2208                                                            | (402)593-2212                       |
| Substance Abuse Services: |                                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Acnt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                  |                                                                          |                                     |
| Mental Health Services:   | Oupaiion Healineil                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Juvenile Services:        |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |
| Other Services:           | No Voucher Acceptance;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                     |

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| Name                                          | Agency                                                                                             | Address                                                                                                                                                                                                                                                                            | Phone                                       | Fax                                   |
| Heydenreich, Martha                           |                                                                                                    | 1304 Hickory Circle Papillion NB 68133                                                                                                                                                                                                                                             | (402)593-2208                               | (402)593-2212                         |
| Substance Abuse Services:                     |                                                                                                    | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                       |                                             | •                                     |
| Mental Health Services:                       | Supation Frommon                                                                                   |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Juvenile Services:                            |                                                                                                    |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Other Services:                               | No Voucher Acceptance;                                                                             |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Hickey, Melina                                | NOVA TC                                                                                            | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                             | (402)991-8522                               |                                       |
| Substance Abuse Services:                     | Adult Residential Services Therapeutic Communi<br>Residential                                      | ity; Juvenile Residential Services Halfway-House or SA Group Home                                                                                                                                                                                                                  | ; Juvenile Residentia                       | al Services Short Terr                |
| 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;                                                                                 |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Hickey, Melina                                | NOVA TC                                                                                            | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                             | (402)991-8522                               |                                       |
| Substance Abuse Services:                     | Adult Residential Services Therapeutic Communi Residential                                         | ity; Juvenile Residential Services Halfway-House or SA Group Home                                                                                                                                                                                                                  | ; Juvenile Residentia                       | al Services Short Ter                 |
| Mental Health Services:                       | Pre-Treatment Assessment (bio-psychosocial); C                                                     | Co-Occurring                                                                                                                                                                                                                                                                       |                                             |                                       |
|                                               |                                                                                                    | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ                                                                                                                                                                                                                     | urring                                      |                                       |
| Other Services:                               | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Hoelscher, Shantel                            | Douglas County CMHC Detox Services                                                                 | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                                                                                      | (402)444-1976                               | (402)444-1758                         |
| Substance Abuse Services:                     | Individual; Adult Non-Residential Services Outpa<br>Assessment Services Substance Abuse Evaluation | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Interons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | sive Outpatient Trea<br>Non-Residential Sei | tment; Juvenile<br>vices Outpatient - |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                 |                                             |                                       |
| Juvenile Services:                            |                                                                                                    |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Other Services:                               | Bilingual Services;                                                                                |                                                                                                                                                                                                                                                                                    |                                             |                                       |
| Hoelscher, Shantel                            | Douglas County CMHC Detox Services                                                                 | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                                                                                      | (402)444-1976                               | (402)444-1758                         |
| Substance Abuse Services:                     | Individual; Adult Non-Residential Services Outpa<br>Assessment Services Substance Abuse Evaluation | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Interons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | sive Outpatient Trea<br>Non-Residential Sei | tment; Juvenile<br>vices Outpatient - |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                 |                                             |                                       |
| Other Services:                               | Bilingual Services;                                                                                |                                                                                                                                                                                                                                                                                    |                                             |                                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

(Medicaid)

Other Services: Sliding Fee Scale;

| Name                                          | Agency                                                      | Address                                                                                                                                                                                                            | Phone                | Fax           |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|
| Htu, Rosy                                     | Heartland Family Service                                    | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                      | (402)557-7766        |               |
| Substance Abuse Services:                     |                                                             |                                                                                                                                                                                                                    |                      |               |
| Mental Health Services:                       |                                                             |                                                                                                                                                                                                                    |                      |               |
|                                               | Non-Treatment: Family Support Worker; Non-Tre               | eatment: Family Partner                                                                                                                                                                                            |                      |               |
| Other Services:                               | Bilingual Services;                                         |                                                                                                                                                                                                                    |                      |               |
| Htu, Rosy                                     | Heartland Family Service                                    | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                      | (402)557-7766        |               |
| Substance Abuse Services:                     |                                                             |                                                                                                                                                                                                                    |                      |               |
| Mental Health Services:                       |                                                             |                                                                                                                                                                                                                    |                      |               |
| Juvenile Services:                            | Non-Treatment: Family Support Worker; Non-Tre               | eatment: Family Partner                                                                                                                                                                                            |                      |               |
| Other Services:                               | Bilingual Services;                                         |                                                                                                                                                                                                                    |                      |               |
| Hughbanks, Sharon                             | Stephen Center                                              | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                      | (402)715-5454        | (402)715-5452 |
| Mental Health Services:<br>Juvenile Services: | Outpatient Treatment; Adult Residential Services            | valuations; Adult Non-Residential Services Outpatient - Individual; Ads<br>S Short Term Residential; Juvenile Assessment Services Substance<br>Treatment; Juvenile Non-Residential Services Intensive Outpatient T | Abuse Evaluations; J |               |
| Hughbanks, Sharon                             | Stephen Center                                              | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                      | (402)715-5454        | (402)715-5452 |
| Mental Health Services:<br>Juvenile Services: | Outpatient Treatment; Adult Residential Services            | valuations; Adult Non-Residential Services Outpatient - Individual; Ads<br>S Short Term Residential; Juvenile Assessment Services Substance<br>Treatment; Juvenile Non-Residential Services Intensive Outpatient T | Abuse Evaluations; J |               |
| Isely, Sarah                                  | Capstone Behavioral Health                                  | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                        | (402)614-8444        | (402)614-8443 |
| Substance Abuse Services:                     |                                                             |                                                                                                                                                                                                                    |                      |               |
| Mental Health Services:                       |                                                             |                                                                                                                                                                                                                    |                      |               |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; C (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health; Assess                                                                                                                                                 | ment: Pre-Treatment  | Assessment    |
| Other Services:                               | Sliding Fee Scale;                                          |                                                                                                                                                                                                                    |                      |               |
| Isely, Sarah                                  | Capstone Behavioral Health                                  | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                        | (402)614-8444        | (402)614-8443 |
| Substance Abuse Services:                     |                                                             |                                                                                                                                                                                                                    |                      |               |
| Mental Health Services:                       |                                                             |                                                                                                                                                                                                                    |                      |               |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; C            | Outpatient Therapy including Family Sessions-Mental Health; Assess                                                                                                                                                 | ment: Pre-Treatment  | Assessment    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                   | Fax                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|
| Jackson, Sybil            | Changes Counseling, LLC                                                                                                                                                                                                                               | 9374 N St Omaha NB 68127                                                                                                                                                                                                                                                                                                                                    | (402)779-9438                                                           |                                                                 |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Asservices 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 Soces Substance Abuse E<br>on-Residential Services | ervices Outpatient<br>Evaluations; Juveni<br>Outpatient - Famil |
| Mental Health Services:   |                                                                                                                                                                                                                                                       | notment. Anger Management Class. Outpetient Thereny, Individual N                                                                                                                                                                                                                                                                                           | Anntal I lookto Outnotio                                                | nt Thorony in aludin                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                       | eatment: Anger Management Class; Outpatient Therapy - Individual-Napy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy                                                                                                                                                                                                                    |                                                                         |                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                 |
| Jackson, Sybil            | Changes Counseling, LLC                                                                                                                                                                                                                               | 9374 N St Omaha NB 68127                                                                                                                                                                                                                                                                                                                                    | (402)779-9438                                                           |                                                                 |
| Mental Health Services:   | Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education<br>Juvenile Non-Residential Services Outpatient - Ir<br>Services Intensive Outpatient Treatment                                                    | ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring (1997)                                                         | ces Substance Abuse E<br>on-Residential Services                        | Evaluations; Juvenil<br>Outpatient - Famil                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                         | eatment: Anger Management Class; Outpatient Therapy - Individual-Napy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy                                                                                                                                                                                                                    | Mental Health; Outpatie<br>y-Mental Health; Intens                      | nt Therapy includii<br>ive Outpatient:                          |
| 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<br>Services Substance Abuse Evaluations; Juvenile                                                                                                                                                    | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                                                 | ring Treatment; Juvenile<br>ential Services Outpatie                    | e Assessment                                                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                          | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatie rder; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                    | nt Therapy including Fa                                                 | ımily Sessions-                                                 |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                  | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                 |
| Jansen, Laura             | Capstone Behavioral Health                                                                                                                                                                                                                            | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                             | (402)614-8444                                                           |                                                                 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                                                                                                                                    | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn                                                                 | ring Treatment; Juvenile<br>ential Services Outpatie                    | e Assessment                                                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                          | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                 |
|                           |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                 |

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

| Name                      | Agency                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                            | Phone                                                                    | Fax                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------|
|                           | 7 1                                                                                                                                                                                                                                    | ting Disorder; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                          |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                          |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                                   | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                         | (402)261-6667                                                            | (402)261-6526                            |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re<br>Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile No | ring Treatment; Adult<br>-Residential Services<br>utpatient - Family; Ju | Non-Residential<br>venile Non-Residentia |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                          |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                     | Intensive Outpatient:                                                    | Intensive Outpatient                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                          |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                                   | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                         | (402)261-6667                                                            | (402)261-6526                            |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential                                                                              | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Outsidential Services Outpatient - Co-Occurring Treatment; Juvenile Non-(bio-psychosocial); Co-Occurring             | ring Treatment; Adult<br>-Residential Services<br>utpatient - Family; Ju | Non-Residential<br>venile Non-Residentia |
|                           | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                             | Intensive Outpatient:                                                    | Intensive Outpatient                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                          |
| Johnson, Kathleen         | Capstone Behavioral Health                                                                                                                                                                                                             | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                    | (402)614-8444                                                            | (402)614-8443                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On (Medicaid)                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                                                                                                                                 | nent: 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:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or (Medicaid)                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                                                                                                                                 | nent: Pre-Treatment                                                      | Assessment                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

| Name                                               | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                            | Phone                                                                             | Fax                                    |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|
| Jones , LeTroy                                     | Multicultural Youth & Family Counseling                                                                                                                                                                 | 4830 Wilshire Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                | (402)890-1077                                                                     | (402)474-2583                          |
| Substance Abuse Services:                          | Individual; Adult Non-Residential Services Outpa<br>Residential Services Short Term Residential; Juv<br>Intervention/Education; Juvenile Non-Residential                                                | valuations; Adult Non-Residential Services Intervention/Education attent - Co-Occurring Treatment; Adult Non-Residential Services I venile Assessment Services Substance Abuse Evaluations; Juveil Services Outpatient - Individual; Juvenile Non-Residential Services patient Treatment; Juvenile Residential Services Short Term Res             | ntensive Outpatient Trea<br>nile Non-Residential Ser<br>ces Outpatient - Co-Occi  | tment; Adult<br>vices                  |
| Mental Health Services:                            |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        |
|                                                    | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M                                                                                                          | Outpatient Therapy including Family Sessions-Mental Health; Asset                                                                                                                                                                                                                                                                                  | essment: Pre-Treatment                                                            | Assessment                             |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        |
| Jones , LeTroy                                     | Multicultural Youth & Family Counseling                                                                                                                                                                 | 4830 Wilshire Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                | (402)890-1077                                                                     | (402)474-2583                          |
| Substance Abuse Services.                          | Individual; Adult Non-Residential Services Outpa<br>Residential Services Short Term Residential; Juv<br>Intervention/Education; Juvenile Non-Residential                                                | valuations; Adult Non-Residential Services Intervention/Education<br>stient - Co-Occurring Treatment; Adult Non-Residential Services I<br>venile Assessment Services Substance Abuse Evaluations; Juver<br>I Services Outpatient - Individual; Juvenile Non-Residential Service<br>patient Treatment; Juvenile Residential Services Short Term Res | ntensive Outpatient Trea<br>nile Non-Residential Ser-<br>ces Outpatient - Co-Occi | tment; Adult<br>vices                  |
| Mental Health Services:<br>Juvenile Services:      | Outpatient Therapy - Individual-Mental Health; O (Medicaid): Assessment: Mental Status Exam (M                                                                                                          | Outpatient Therapy including Family Sessions-Mental Health; Asse<br>1SF)                                                                                                                                                                                                                                                                           | essment: Pre-Treatment                                                            | Assessment                             |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        |
| Jones, Kimberly                                    | Eastern Nebraska Community Action<br>Partnership Inc                                                                                                                                                    | 2406 Fowler Avenue Omaha NB 68111                                                                                                                                                                                                                                                                                                                  | (402)453-5656                                                                     |                                        |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; J<br>Juvenile Non-Residential Services Outpatient - C | •                                                                                                                                                                                                                                                                                                                                                  | al; Adult Non-Residentia<br>Services Intervention/Ed                              | Services Outpatient ducation; Juvenile |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Eating Disor<br>Occurring                                                                                       | Outpatient Therapy including Group Sessions-Mental Health; Outpater; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatn                                                                                                                                                                                                                     |                                                                                   |                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        |
| Jones, Kimberly                                    | Eastern Nebraska Community Action<br>Partnership Inc                                                                                                                                                    | 2406 Fowler Avenue Omaha NB 68111                                                                                                                                                                                                                                                                                                                  | (402)453-5656                                                                     |                                        |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                        | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Substance Abuse Evaluations; Juvenile Non-Residential<br>uvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential                                                       | al; Adult Non-Residentia<br>Services Intervention/Ed                              | Services Outpatient ducation; Juvenile |

| Name                                  | Agency                                                                                               | Address                                                                                                                                         | Phone                | Fax                   |
|---------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessment (                                                       | bio-psychosocial); Co-Occurring                                                                                                                 |                      |                       |
| Juvenile Services:                    |                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment           |                      |                       |
| 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<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri |                      | Services Outpatient - |
|                                       | Outpatient Therapy; Pre-Treatment Assessment (                                                       | bio-psychosocial); Co-Occurring                                                                                                                 | ŭ                    |                       |
| Juvenile Services:<br>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<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri |                      | Services Outpatient - |
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessment (                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                           | ng rreatment         |                       |
| 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 Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatien       |                      |                       |
| Mental Health Services:               |                                                                                                      | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                | ccurring             |                       |
| Juvenile Services:                    | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatier<br>ent: Mental Status Exam (MSE)                                           | nt Therapy - Co-occu | rring; Assessment:    |
| Other Services:                       | Bilingual Services;                                                                                  |                                                                                                                                                 |                      |                       |
| Kaipust, Jamie                        | A Desired Life Therapy and Counseling LLC                                                            | 8031 West Center Road Suite 210 Omaha NB 68124                                                                                                  | (402)990-7362        | (402)763-8915         |
| Substance Abuse Services:             |                                                                                                      | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatien       |                      |                       |
| Mental Health Services:               |                                                                                                      | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                | ccurring             |                       |
|                                       | Pre-Treatment Assessment (Medicaid); Assessment                                                      | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE)                                              | nt Therapy - Co-occu | rring; Assessment:    |
| Other Services:                       | Bilingual Services;                                                                                  |                                                                                                                                                 |                      |                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Treatment

| Name                                          | Agency                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                        | Fax                                                                                  |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Karelis, Anna                                 | Rite of Passage, Inc. (Corporate Address)                                                                                                                                                                 | 2560 Business Parkway, Ste. A Minden NV 89423                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (775)392-2656                                                                                                |                                                                                      |
| Substance Abuse Services:                     |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Mental Health Services:                       |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
|                                               | Out-Of-Home: Group Home A                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Other Services:                               | Bilingual Services;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Karelis, Anna                                 | Rite of Passage, Inc. (Corporate Address)                                                                                                                                                                 | 2560 Business Parkway, Ste. A Minden NV 89423                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (775)392-2656                                                                                                |                                                                                      |
| Substance Abuse Services:                     |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Mental Health Services:                       |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Juvenile Services:                            | Out-Of-Home: Group Home A                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Other Services:                               | Bilingual Services;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                      |
| Kimmerling, Katherine                         | The Bridge Behavioral Health Inc                                                                                                                                                                          | 721 K St. Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)477-3951                                                                                                | (402)477-3922                                                                        |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                           | ; Juvenile Non-Residential Services Outpatient - Groups; Juvenindividual; Juvenile Non-Residential Services Outpatient - Co-Octoboropsychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | •                                                                                    |
|                                               | 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<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                          | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S; Juvenile Non-Residential Services Outpatient - Groups; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co-Occupation (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | al; Adult Non-Residentia<br>Services Substance Abus<br>le Non-Residential Servic                             | I Services Outpatient<br>le Evaluations; Juveni<br>ces Outpatient - Famil            |
| 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<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Care Monitoring SA/Nent - Family; Adult Non-Residential Services Outpatient - Individu<br>Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Evaluations; Juveralient - Groups; Juvenile Non-Residential Services Outpatient - Fervices Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - C | al; Adult Non-Residentia<br>ces Dual Residential (Mh<br>nile Non-Residential Ser<br>Family; Juvenile Non-Res | I Services Outpatient<br>H/SA); Adult<br>vices Care Monitoring<br>sidential Services |

| Name                      | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                       | Fax                                                                                |  |  |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                    |  |  |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Outp                                                                                                                                                          | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                    |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                    |  |  |
| Koch, Lori                | Stephen Center                                                                                                                                                                                             | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459                                                                               | (402)715-5452                                                                      |  |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juve<br>SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Res | Services Outpatient -<br>/SA); Adult<br>vices Care Monitoring<br>idential Services |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                    |  |  |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Outp                                                                                                                                                          | utpatient Therapy - Co-occurring; Intensive Outpatient: 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                                                                               |                                                                                    |  |  |
|                           | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile                                                                                                      | aluations; Adult Non-Residential Services Outpatient - Groups; Adult to - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ing Treatment; Adult<br>Residential Services                                                | Non-Residential Outpatient - Groups;                                               |  |  |
|                           | Non-Treatment: Family Support Worker; Non-Treatment                                                                                                                                                        | atment: Mentoring; Outpatient Therapy - Individual-Mental Health; O<br>nent Assessment (Medicaid); Assessment: Mental Status Exam (MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             | cluding Family                                                                     |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                        | ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                                                           |                                                                                    |  |  |
| Kola, Betty               | Buoyant Family Services Counseling and Consulting LLC                                                                                                                                                      | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)905-1120                                                                               |                                                                                    |  |  |
|                           | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Juvenile Non-Residential Services Outpatient - Fa<br>Co-Occurring Treatment                       | aluations; Adult Non-Residential Services Outpatient - Groups; Adult to Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing Treatment; Adult<br>Residential Services                                                | Non-Residential<br>Outpatient - Groups;                                            |  |  |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | stand Cont Thomas                                                                           | alanda a Eranda                                                                    |  |  |
|                           | Sessions-Mental Health; Assessment: Pre-Treatn                                                                                                                                                             | atment: Mentoring; Outpatient Therapy - Individual-Mental Health; O<br>nent Assessment (Medicaid); Assessment: Mental Status Exam (MSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             | cluding Family                                                                     |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                    |  |  |

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| Konen, Michele                                                                                                                                                | Transition Recovery Center Evaluations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)813-3605                                                                                                                                       |                                                                                                                            |
| Substance Abuse Services:                                                                                                                                     | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Juvenile Assessment Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient vices 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 - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Gro | ent - Family; Adult Non-Res<br>Services Intervention/Educa                                                                                          | sidential Services ation; Juvenile Non-                                                                                    |
| Mental Health Services:                                                                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
| Juvenile Services:                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
| Other Services:                                                                                                                                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
| Konen, Michele                                                                                                                                                | Transition Recovery Center Evaluations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)813-3605                                                                                                                                       |                                                                                                                            |
| Substance Abuse Services:                                                                                                                                     | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Juvenile Assessment Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatie vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ent - Family; Adult Non-Res<br>Services Intervention/Educa                                                                                          | sidential Services ation; Juvenile Non-                                                                                    |
| Mental Health Services:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
| Juvenile Services:                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
| Juvernie Jervices.                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
|                                                                                                                                                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                            |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5453                                                                                                                                       | (402)715-5452                                                                                                              |
| Other Services:                                                                                                                                               | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | valuations; Adult Non-Residential Services Partial Care; Adult No<br>ily; Adult Non-Residential Services Outpatient - Individual; Adult<br>vices Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on-Residential Services Out<br>t Non-Residential Services                                                                                           | utpatient - Groups;<br>Outpatient - Co-                                                                                    |
| Other Services: Krejci, Ann Substance Abuse Services:                                                                                                         | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on-Residential Services Out<br>t Non-Residential Services                                                                                           | utpatient - Groups;<br>Outpatient - Co-                                                                                    |
| Other Services: Krejci, Ann Substance Abuse Services:                                                                                                         | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on-Residential Services Out<br>t Non-Residential Services                                                                                           | utpatient - Groups;<br>Outpatient - Co-                                                                                    |
| Other Services:  Krejci, Ann  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                          | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on-Residential Services Out<br>t Non-Residential Services                                                                                           | utpatient - Groups;<br>Outpatient - Co-                                                                                    |
| Other Services:  Krejci, Ann  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                          | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Serv Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | valuations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on-Residential Services Out<br>t Non-Residential Services                                                                                           | utpatient - Groups;<br>Outpatient - Co-                                                                                    |
| Other Services:  Krejci, Ann  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Krejci, Ann                            | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment  Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | raluations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential (bio-psychosocial); Co-Occurring  5217 S 28th St Omaha NB 68107  raluations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on-Residential Services Out Non-Residential Services Soual Residential (MH/SA)  (402)715-5453  on-Residential Services Out Non-Residential Services | utpatient - Groups;<br>Outpatient - Co-<br>; Adult Residential<br>(402)715-5452<br>utpatient - Groups;<br>Outpatient - Co- |
| Other Services:  Krejci, Ann  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Krejci, Ann  Substance Abuse Services: | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Evadult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment  Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Evadult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Service | raluations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential (bio-psychosocial); Co-Occurring  5217 S 28th St Omaha NB 68107  raluations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on-Residential Services Out Non-Residential Services Soual Residential (MH/SA)  (402)715-5453  on-Residential Services Out Non-Residential Services | utpatient - Groups;<br>Outpatient - Co-<br>; Adult Residential<br>(402)715-5452<br>utpatient - Groups;<br>Outpatient - Co- |
| Other Services:  Krejci, Ann  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Krejci, Ann  Substance Abuse Services: | Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment  Sliding Fee Scale;  Stephen Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | raluations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential (bio-psychosocial); Co-Occurring  5217 S 28th St Omaha NB 68107  raluations; Adult Non-Residential Services Partial Care; Adult Noily; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on-Residential Services Out Non-Residential Services Soual Residential (MH/SA)  (402)715-5453  on-Residential Services Out Non-Residential Services | utpatient - Groups;<br>Outpatient - Co-<br>; Adult Residential<br>(402)715-5452<br>utpatient - Groups;<br>Outpatient - Co- |

| Name                                          | Agency                                                                                                             | Address                                                                                           | Phone                                            | Fax                                    |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| Lanning, Krystal                              | Heartland Family Service                                                                                           | 2101 S 42nd St Omaha NB 68105                                                                     | (402)553-3000                                    |                                        |
| Mental Health Services:<br>Juvenile Services: | Adult Assessment Services Substance Abuse Ev<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale; | valuations; Juvenile Assessment Services Substance Abuse Evaluat (bio-psychosocial); Co-Occurring | ions                                             |                                        |
| Lanning, Krystal                              | Heartland Family Service                                                                                           | 2101 S 42nd St Omaha NB 68105                                                                     | (402)553-3000                                    |                                        |
| Mental Health Services:<br>Juvenile Services: | Adult Assessment Services Substance Abuse Ev<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale; | valuations; Juvenile Assessment Services Substance Abuse Evaluat (bio-psychosocial); Co-Occurring | ions                                             |                                        |
| Leary, Julie                                  | Bazinga Counseling Inc                                                                                             | 7317 Joseph Ave La Vista NB 68128                                                                 | (402)740-6453                                    | (402)592-3705                          |
| Mental Health Services:<br>Juvenile Services: | Outpatient - Individual; Juvenile Non-Residential                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpati                                |                                                  |                                        |
| Leary, Julie                                  | Bazinga Counseling Inc                                                                                             | 7317 Joseph Ave La Vista NB 68128                                                                 | (402)740-6453                                    | (402)592-3705                          |
| Mental Health Services:<br>Juvenile Services: | Outpatient - Individual; Juvenile Non-Residential                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpati                                |                                                  |                                        |
| Leddy, Kayla                                  | Clearwater Counseling                                                                                              | 7701 Pacific St Ste 100A Omaha NB 68114                                                           | (308)210-8487                                    |                                        |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                   |                                                                                                   | Adult Non-Residential<br>ervices Intervention/Ed | Services Outpatient ducation; Juvenile |
|                                               | Outpatient Therapy, Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; As                     |                                                                                                   |                                                  |                                        |
|                                               | Sliding Fee Scale;                                                                                                 | , ,                                                                                               |                                                  |                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Hearing Impaired; Bilingual Services;

| Name                                                 | Agency                                                                                                                                                                                                   | Address                                    | Phone                                                            | Fax                                    |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|----------------------------------------|
| Leddy, Kayla                                         | Clearwater Counseling                                                                                                                                                                                    | 7701 Pacific St Ste 100A Omaha NB 68114    | (308)210-8487                                                    |                                        |
|                                                      | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; J<br>Juvenile Non-Residential Services Outpatient - Co |                                            | vidual; Adult Non-Residential<br>Intial Services Intervention/Ed | Services Outpatient ducation; Juvenile |
|                                                      | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                             | , , ,                                      |                                                                  |                                        |
|                                                      | Outpatient Therapy - Individual-Mental Health; A                                                                                                                                                         | ssessment: Mental Status Exam (MSE)        |                                                                  |                                        |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                       |                                            |                                                                  |                                        |
| Lemen, Jason                                         | Lutheran Family Services of NE Inc                                                                                                                                                                       | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105                                                    |                                        |
|                                                      |                                                                                                                                                                                                          |                                            |                                                                  |                                        |
|                                                      | Sliding Fee Scale;                                                                                                                                                                                       |                                            |                                                                  |                                        |
| Other Cervices.                                      | Silding ree Scale,                                                                                                                                                                                       |                                            |                                                                  |                                        |
| Lemen, Jason                                         | Lutheran Family Services of NE Inc                                                                                                                                                                       | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105                                                    |                                        |
|                                                      |                                                                                                                                                                                                          |                                            |                                                                  |                                        |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                       |                                            |                                                                  |                                        |
| Lewis, Lisa                                          | Alegent Health                                                                                                                                                                                           | 1010 N 192nd Ct Elkhorn NB 68022           | (402)572-2251                                                    | (402)572-2895                          |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                                          |                                            |                                                                  |                                        |
| Juvenile Services:                                   | Psychiatric Residential Treatment Facility                                                                                                                                                               |                                            |                                                                  |                                        |
| Other Services:                                      | Hearing Impaired; Bilingual Services;                                                                                                                                                                    |                                            |                                                                  |                                        |
| Lewis, Lisa                                          | Alegent Health                                                                                                                                                                                           | 1010 N 192nd Ct Elkhorn NB 68022           | (402)572-2251                                                    | (402)572-2895                          |
| Substance Abuse Services:                            |                                                                                                                                                                                                          |                                            |                                                                  |                                        |
| Mental Health Services:                              |                                                                                                                                                                                                          |                                            |                                                                  |                                        |
| Invanila Santicae:                                   | Psychiatric Residential Treatment Facility                                                                                                                                                               |                                            |                                                                  |                                        |

| Name                      | Agency                                                                                          | Address                                                                                                                                                                                                                         | Phone                                                           | Fax                 |
|---------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|
| Liester, Courtney         | Courtney Liester LLC                                                                            | 7905 L St Suite 410 Omaha NB 68127                                                                                                                                                                                              | (402)577-0173                                                   |                     |
| Substance Abuse Services: |                                                                                                 | raluations; Adult Non-Residential Services Outpatient - Fam<br>ince Abuse Evaluations; Juvenile Non-Residential Services                                                                                                        |                                                                 |                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                |                                                                 |                     |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                    | utpatient Therapy including Family Sessions-Mental Health<br>ent: Co-Occurring                                                                                                                                                  | ; Outpatient Therapy - Co-occu                                  | ırring; Assessment: |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                 |                                                                 |                     |
| Liester, Courtney         | Courtney Liester LLC                                                                            | 7905 L St Suite 410 Omaha NB 68127                                                                                                                                                                                              | (402)577-0173                                                   |                     |
|                           | Individual; Juvenile Assessment Services Substa<br>Services Outpatient - Individual             | raluations; Adult Non-Residential Services Outpatient - Famince Abuse Evaluations; Juvenile Non-Residential Services                                                                                                            |                                                                 |                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                    |                                                                                                                                                                                                                                 |                                                                 |                     |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                    | utpatient Therapy including Family Sessions-Mental Health<br>lent: Co-Occurring                                                                                                                                                 | ; Outpatient Therapy - Co-occu                                  | ırring; Assessment: |
| 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 - Gro<br>nt - Individual; Adult Non-Residential Services Outpatient - 0                                                                                                    |                                                                 | vices Outpatient -  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                |                                                                 |                     |
| 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 - Gro<br>nt - Individual; Adult Non-Residential Services Outpatient - 0                                                                                                    |                                                                 | vices Outpatient -  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                           | 50 Occurring Treatment                                          |                     |
| 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 | raluations; Adult Non-Residential Services Outpatient - Grount - Individual; Adult Non-Residential Services Outpatient - On-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurri | Co-Occurring Treatment; Juver<br>on-Residential Services Outpar | nile Assessment     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial)                                                                                                                                                                                                              |                                                                 |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Assessment: Pre-Treatment Assessment (Medical | tipatient Therapy including Family Sessions-Mental Health                                                                                                                                                                       | ; Psychiatric Residential Treatr                                | ment Facility;      |
|                           | , 1000001110111. I TO TTOULITIOTIL / 1000001110111 (Wilculot                                    | aid,, , lococomonic montal olated Exam (moe)                                                                                                                                                                                    |                                                                 |                     |

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|------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|
| Name                                                 | Agency                                                                                          | Address                                                                                                                                                                                                                                                                                    | Phone                                       | Fax                 |
| 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<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residen<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve<br>ntial Services Outpa | nile Assessment     |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                         |                                             |                     |
|                                                      | Assessment: Pre-Treatment Assessment (Medica                                                    | utpatient Therapy including Family Sessions-Mental Health; Psychiatiaid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                             | ric Residential Treati                      | ment Facility;      |
| Other Services:                                      | Sliding Fee Scale;                                                                              |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Marquez, Longfellow                                  |                                                                                                 | 11452 Mercury St Papillion NB 68046                                                                                                                                                                                                                                                        | (402)798-1908                               |                     |
| Substance Abuse Services:                            | ,                                                                                               | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Individual; Adult Non                                                                                                                                                  |                                             | ,                   |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                           |                                             |                     |
| Juvenile Services:                                   |                                                                                                 |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Other Services:                                      | Bilingual Services;                                                                             |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Marquez, Longfellow                                  |                                                                                                 | 11452 Mercury St Papillion NB 68046                                                                                                                                                                                                                                                        | (402)798-1908                               |                     |
|                                                      | ,                                                                                               | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Individual; Adult Non (bio-psychosocial); Co-Occurring                                                                                                                    |                                             |                     |
| Juvenile Services:                                   |                                                                                                 |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Other Services:                                      | Bilingual Services;                                                                             |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Martinez, Melisa                                     | All Communities Outreach Services                                                               | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                                                        | (402)257-1122                               |                     |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                 |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Juvenile Services:                                   |                                                                                                 | atment: General Education Class; Non-Treatment: Employment Plac                                                                                                                                                                                                                            | ement Program; Nor                          | n-Treatment: Family |
| Other Services:                                      | Partner Bilingual Services;                                                                     |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Martinez, Melisa                                     | All Communities Outreach Services                                                               | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                                                        | (402)257-1122                               |                     |
| Substance Abuse Services:                            |                                                                                                 |                                                                                                                                                                                                                                                                                            |                                             |                     |
| Mental Health Services:                              |                                                                                                 |                                                                                                                                                                                                                                                                                            |                                             |                     |
|                                                      | Partner                                                                                         | atment: General Education Class; Non-Treatment: Employment Plac                                                                                                                                                                                                                            | ement Program; Nor                          | n-Treatment: Family |
| Other Services:                                      | Bilingual Services;                                                                             |                                                                                                                                                                                                                                                                                            |                                             |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                          | Agency                                            | Address                                                                                                                                   | Phone         | Fax           |
|-----------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Massara, Kim                                  | Lutheran Family Services of NE Inc                | 11949 Q St Omaha NB 68137                                                                                                                 | (402)595-1338 | (402)595-1437 |
| Substance Abuse Services:                     |                                                   |                                                                                                                                           |               |               |
| Mental Health Services:                       |                                                   |                                                                                                                                           |               |               |
| Juvenile Services:                            |                                                   | Outpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: I |               |               |
| Other Services:                               | Sliding Fee Scale;                                |                                                                                                                                           |               |               |
| Massara, Kim                                  | Lutheran Family Services of NE Inc                | 11949 Q St Omaha NB 68137                                                                                                                 | (402)595-1338 | (402)595-1437 |
| Substance Abuse Services:                     |                                                   |                                                                                                                                           |               |               |
| Mental Health Services:                       |                                                   |                                                                                                                                           |               |               |
| Juvenile Services:                            |                                                   | Outpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: I |               |               |
| Other Services:                               | Sliding Fee Scale;                                |                                                                                                                                           |               |               |
| 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:<br>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:                       | Outpatient Therapy                                |                                                                                                                                           |               |               |
| Juvenile Services:                            |                                                   |                                                                                                                                           |               |               |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual Sc | ervices;                                                                                                                                  |               |               |
| Mayfield, Latois                              | P.U.S.H. Transitional Living                      | 2620 N. 34th Omaha NB 68111                                                                                                               | (402)871-2952 |               |
| Substance Abuse Services:                     |                                                   |                                                                                                                                           |               |               |
| Mental Health Services:                       | Outpatient Therapy                                |                                                                                                                                           |               |               |

Mental Health Services: Outpatient Therapy

Juvenile Services:

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

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                         | Phone                | Fax                |  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|--|
| McCaghy, Peggy            | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1941 S. 42nd St. STE 328 Omaha NB 68105                                                                                                         | (402)614-8444        | (402)614-8443      |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                      |                    |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial); Psychological Evaluation                                                                                                    |                      |                    |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                              | ent: Pre-Treatment   | Assessment         |  |
| Other Services:           | (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: M | SE); Assessment: Psychological Evaluation                                                                                                       |                      |                    |  |
| McCaghy, Peggy            | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1941 S. 42nd St. STE 328 Omaha NB 68105                                                                                                         | (402)614-8444        | (402)614-8443      |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                      |                    |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial); Psychological Evaluation                                                                                                    |                      |                    |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment  |                      |                    |  |
| Other Services:           | (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: M | SE); Assessment: Psychological Evaluation                                                                                                       |                      |                    |  |
| Mcclure, Gina             | Halo Counseling Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8998 L St Suite 110 Omaha NB 68127                                                                                                              | (402)881-0771        |                    |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad    |                      |                    |  |
| Mental Health Services:   | Odipation Froumon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |                      |                    |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                      |                    |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 |                      |                    |  |
| Mcclure, Gina             | Halo Counseling Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8998 L St Suite 110 Omaha NB 68127                                                                                                              | (402)881-0771        |                    |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad |                      |                    |  |
| Mental Health Services:   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |                      |                    |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                      |                    |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 |                      |                    |  |
| McCoy, Paige              | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                            | (402)342-7007        |                    |  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ps; Adult Non-Residential Services Outpatient - Individual; Adult Non                                                                           | -Residential Service | s Outpatient - Co- |  |
| Mental Health Services:   | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                 |                      |                    |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                      |                    |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 |                      |                    |  |

| Name                                                                                                                                                                                | Agency                                                                                                                                                                                                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                | Fax                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------|
| McCoy, Paige                                                                                                                                                                        | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                                                                                                           | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)342-7007                                                                        |                                                         |
| Substance Abuse Services:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              | ups; Adult Non-Residential Services Outpatient - Individual; Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | It Non-Residential Service                                                           | es Outpatient - Co-                                     |
| Mental Health Services:                                                                                                                                                             | Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                         |
| 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<br>Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                         |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                         |
|                                                                                                                                                                                     | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                         |
| Other Services.                                                                                                                                                                     | Silding ree Scale,                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                         |
| McCullough, Cynthia                                                                                                                                                                 | McCullough Counseling & Recovery LLC                                                                                                                                                                                                                                                                                                                                                         | 6572 Ames Ave Ste C Omaha NB 68104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)932-2537                                                                        | (402)932-2534                                           |
| Substance Abuse Services:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                         |
|                                                                                                                                                                                     | Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ual, Addit Non-Nesidential                                                           | Services Outpatient                                     |
|                                                                                                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                 | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ual, Addit Non-Nesidential                                                           | Services Outpatient                                     |
| Juvenile Services:                                                                                                                                                                  | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                 | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uai, Addit Non-Residential                                                           | Services Outpatient                                     |
| Juvenile Services:                                                                                                                                                                  | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                 | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uai, Addit Nor-Nesiderillai                                                          | Services Outpatient                                     |
| Juvenile Services:                                                                                                                                                                  | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                 | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)932-2537                                                                        | (402)592-1173                                           |
| Juvenile Services:<br>Other Services:<br>McCullough, Otis                                                                                                                           | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                            | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)932-2537<br>on; Adult Non-Residential                                           | (402)592-1173                                           |
| Juvenile Services:<br>Other Services:<br>McCullough, Otis                                                                                                                           | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                            | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)932-2537<br>on; Adult Non-Residential                                           | (402)592-1173                                           |
| Juvenile Services: Other Services:  McCullough, Otis  Substance Abuse Services:                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy                                                                                                                                                                         | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)932-2537<br>on; Adult Non-Residential                                           | (402)592-1173                                           |
| Juvenile Services: Other Services:  McCullough, Otis Substance Abuse Services: Mental Health Services: Juvenile Services:                                                           | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy                                                                                                                                                                         | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)932-2537<br>on; Adult Non-Residential                                           | (402)592-1173                                           |
| Juvenile Services: Other Services:  McCullough, Otis Substance Abuse Services: Mental Health Services: Juvenile Services:                                                           | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy                                                                                                                                                                         | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)932-2537<br>on; Adult Non-Residential                                           | (402)592-1173                                           |
| Juvenile Services: Other Services:  McCullough, Otis  Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:  McCullough, Otis                       | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev                                                                    | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education of the Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)932-2537 on; Adult Non-Residential aual (402)932-2537 on; Adult Non-Residential | (402)592-1173<br>Services Outpatient -<br>(402)592-1173 |
| Juvenile Services: Other Services:  McCullough, Otis  Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:  McCullough, Otis                       | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpaties Outpatient Therapy Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpaties                  | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individition for the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formul | (402)932-2537 on; Adult Non-Residential aual (402)932-2537 on; Adult Non-Residential | (402)592-1173<br>Services Outpatient -<br>(402)592-1173 |
| Juvenile Services: Other Services: McCullough, Otis Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: McCullough, Otis Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Outpatient Therapy Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Outpatient Therapy | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring  6572 Ames Ave Ste C Omaha NB 68104  valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individition for the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formul | (402)932-2537 on; Adult Non-Residential aual (402)932-2537 on; Adult Non-Residential | (402)592-1173<br>Services Outpatient -<br>(402)592-1173 |

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                      | Phone                                                              | Fax                                                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| McIntyre-Moore, Kathleen  |                                                                                                                                   | 10018 South 14th Street Bellevue NB 68123                                                                                                                                                                                                                                                                                                                    |                                                                    | (402)292-1208                                                       |
| Substance Abuse Services: |                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient                                                                                                                                                                                                                    |                                                                    | Services Outpatient -                                               |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
|                           | Treatment: Mentoring, Assessment: Pre-Treatme                                                                                     | : Tutoring; Non-Treatment: Anger Management Class; Non-Treatme<br>nt Assessment (Medicaid)                                                                                                                                                                                                                                                                   | nt: General Educatio                                               | n Class; Non-                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| McIntyre-Moore, Kathleen  |                                                                                                                                   | 10018 South 14th Street Bellevue NB 68123                                                                                                                                                                                                                                                                                                                    |                                                                    | (402)292-1208                                                       |
|                           |                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient                                                                                                                                                                                                                    |                                                                    | Services Outpatient -                                               |
| Mental Health Services:   | New Treatment Common Orbital New Treatment                                                                                        | Totalian No. Totalian Assault Assault Assault Oleve No. Totalian                                                                                                                                                                                                                                                                                             |                                                                    | o Olasa Nasa                                                        |
|                           | Treatment: Mentoring; Assessment: Pre-Treatme                                                                                     | : Tutoring; Non-Treatment: Anger Management Class; Non-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                       | nt: General Educatio                                               | n Class; Non-                                                       |
| Other Services.           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| McMorris, Kimberly        |                                                                                                                                   | 8502 Underwood AVe Omaha NB 68114                                                                                                                                                                                                                                                                                                                            | (402)507-9947                                                      | (402)884-1312                                                       |
| Mental Health Services:   |                                                                                                                                   | aluations; Adult Non-Residential Services Outpatient - Family; Adult<br>nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie                                                                                                                                                                                                                    |                                                                    |                                                                     |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| McMorris, Kimberly        |                                                                                                                                   | 8502 Underwood AVe Omaha NB 68114                                                                                                                                                                                                                                                                                                                            | (402)507-9947                                                      | (402)884-1312                                                       |
| Substance Abuse Services: |                                                                                                                                   | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie                                                                                                                                                                                                                       |                                                                    |                                                                     |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |
| McNichols, Stephanie      |                                                                                                                                   | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                       | (402)440-6496                                                      |                                                                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurri | dult Non-Residentia<br>ces Substance Abus<br>on-Residential Servic | Services Outpatient<br>e Evaluations; Juven<br>es Outpatient - Fami |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                     |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                           | nt Therapy including                                               | Family Sessions-                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                     |

| Name                                                                                                                                       | Agency                                                                                                                                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                            | Fax                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|
| McNichols, Stephanie                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                     | (402)440-6496                                                    |                                                                 |
|                                                                                                                                            | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurrications | Adult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient<br>Evaluations; Juvenies Outpatient - Famil |
|                                                                                                                                            | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                 |
|                                                                                                                                            | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                         | ent Therapy including                                            | Family Sessions-                                                |
| Other Services:                                                                                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                 |
| Meckna, Shy                                                                                                                                | Breaking Sad LLC                                                                                                                                                                                                                                                                                                                                      | 7005 N 88th Street Omaha NB 68122                                                                                                                                                                                                                                                                                                                                                          | (402)517-5199                                                    |                                                                 |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Family; Adult Non-Residential Services Outpatient - I                                                                                                                                                                                                                                                  |                                                                  |                                                                 |
| Juvenile Services:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                       | 3                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                 |
| 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; Adult Non-Residential Services Outpatient - I                                                                                                                                                                                                                                                                            |                                                                  |                                                                 |
| Mental Health Services:                                                                                                                    | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                 |
| Juvenile Services:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                 |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                 |
| Other Services:                                                                                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                 |
|                                                                                                                                            | Sliding Fee Scale; Heartland Family Service                                                                                                                                                                                                                                                                                                           | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                              | (402)552-7015                                                    | (402)552-7444                                                   |
| Meier, Monica                                                                                                                              | Heartland Family Service  Adult Assessment Services Substance Abuse Events                                                                                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Outpatient - Groups; Adul                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                 |
| Meier, Monica Substance Abuse Services:                                                                                                    | Heartland Family Service                                                                                                                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                          |                                                                  |                                                                 |
| Meier, Monica Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                        | Heartland Family Service  Adult Assessment Services Substance Abuse Eventherida Services Outpat                                                                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                          |                                                                  |                                                                 |
| Meier, Monica Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                        | Heartland Family Service  Adult Assessment Services Substance Abuse Evolution Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                        | aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                          |                                                                  |                                                                 |
| Meier, Monica Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meier, Monica                           | Heartland Family Service  Adult Assessment Services Substance Abuse Evolution Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Pre-Treatment Assessment (Sliding Fee Scale; Bilingual Services;  Heartland Family Service  Adult Assessment Services Substance Abuse Evo                                                         | aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring  2101 S 42nd St Omaha NB 68105 aluations; Adult Non-Residential Services Outpatient - Groups; Adul                                                                                                                                                      | t Non-Residential Ser<br>(402)552-7015                           | vices Outpatient - (402)552-7444                                |
| Meier, Monica Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meier, Monica Substance Abuse Services: | Heartland Family Service  Adult Assessment Services Substance Abuse Evolution Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Pre-Treatment Assessment (Sliding Fee Scale; Bilingual Services;  Heartland Family Service  Adult Assessment Services Substance Abuse Evolution Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring  2101 S 42nd St Omaha NB 68105  aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment                                                                                                                       | t Non-Residential Ser<br>(402)552-7015                           | vices Outpatient - (402)552-7444                                |
| Meier, Monica Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meier, Monica Substance Abuse Services: | Heartland Family Service  Adult Assessment Services Substance Abuse Evolution Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Pre-Treatment Assessment (Sliding Fee Scale; Bilingual Services;  Heartland Family Service  Adult Assessment Services Substance Abuse Evo                                                         | aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring  2101 S 42nd St Omaha NB 68105  aluations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment                                                                                                                       | t Non-Residential Ser<br>(402)552-7015                           | vices Outpatient - (402)552-7444                                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                                                       | Agency                                       | Address                                                                                                                                         | Phone                  | Fax           |
|----------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|
| Mejia, Blanca                                                              | Generation Diamond Corporation               | 4825 S 25th St Suite 100 Omaha NB 68107                                                                                                         | (402)813-7153          |               |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Outpatient Therapy                           |                                                                                                                                                 |                        |               |
| Other Services:                                                            | Bilingual Services;                          |                                                                                                                                                 |                        |               |
| Mejia, Blanca                                                              | Generation Diamond Corporation               | 4825 S 25th St Suite 100 Omaha NB 68107                                                                                                         | (402)813-7153          |               |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Outpatient Therapy                           |                                                                                                                                                 |                        |               |
| Other Services:                                                            | Bilingual Services;                          |                                                                                                                                                 |                        |               |
| Minor, Michelle                                                            | Capstone Behavioral Health                   | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                 | (402)659-2892          |               |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: |                                              | t Therapy - Individual-Mental Health; Intensive Outpatient: Intensive                                                                           | e Outpatient Therapy-N | 1ental Health |
| Other Services:                                                            | Sliding Fee Scale;                           |                                                                                                                                                 |                        |               |
| Minor, Michelle                                                            | Capstone Behavioral Health                   | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                 | (402)659-2892          |               |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: |                                              | t Therapy - Individual-Mental Health; Intensive Outpatient: Intensive                                                                           | e Outpatient Therapy-N | 1ental Health |
| 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:<br>Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial)                                                                                                                            |                        |               |
|                                                                            |                                              | Evening Reporting; Non-Treatment: Anger Management Class; Outlental Health; Outpatient Therapy including Family Sessions-Mental atus Exam (MSE) |                        |               |
| Montgomery Lewis, Monica                                                   | Lewis Counseling Services                    | 3825 Ames Ave Omaha NB 68111                                                                                                                    | (402)320-3566          | (402)939-0755 |
| Substance Abuse Services:                                                  |                                              |                                                                                                                                                 |                        |               |
|                                                                            | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial)                                                                                                                            |                        |               |
|                                                                            | Non-Treatment: Day Reporting; Non-Treatment: | Evening Reporting; Non-Treatment: Anger Management Class; Oulental Health; Outpatient Therapy including Family Sessions-Mental                  |                        |               |
| Other Cemilers                                                             |                                              | ·····/                                                                                                                                          |                        |               |

| Name                      | Agency                                                                                          | Address                                                                                                                                 | Phone                   | Fax                   |
|---------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| Motter, Shannon           | Santa Monica Inc                                                                                | 401 S. 39 St. Omaha NB 68131                                                                                                            | (402)558-7133           | (402)558-7088         |
| Substance Abuse Services: |                                                                                                 | valuations; Adult Non-Residential Services Outpatient - Groups; Adnt - Individual; Adult Non-Residential Services Intensive Outpatient  |                         |                       |
| Mental Health Services:   | Tom Roodonia                                                                                    |                                                                                                                                         |                         |                       |
| Juvenile Services:        |                                                                                                 |                                                                                                                                         |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                         |                         |                       |
| Motter, Shannon           | Santa Monica Inc                                                                                | 401 S. 39 St. Omaha NB 68131                                                                                                            | (402)558-7133           | (402)558-7088         |
| Substance Abuse Services: |                                                                                                 | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Intensive Outpatient |                         | •                     |
| Mental Health Services:   |                                                                                                 |                                                                                                                                         |                         |                       |
| Juvenile Services:        |                                                                                                 |                                                                                                                                         |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                         |                         |                       |
| Murphy, Diane             | Stephen Center                                                                                  | 5217 S 28th St Omaha NB 68107                                                                                                           | (402)715-5492           | (402)715-5452         |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Adult Non-Residential S    | valuations; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment                             | Adult Non-Residential S | Services Outpatient - |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial); Co-Occurring                                                                                                        |                         |                       |
| Juvenile Services:        |                                                                                                 |                                                                                                                                         |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                         |                         |                       |
| Murphy, Diane             | Stephen Center                                                                                  | 5217 S 28th St Omaha NB 68107                                                                                                           | (402)715-5492           | (402)715-5452         |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Co-Occurring Treatment; Adult Non-Residential S | valuations; Adult Non-Residential Services Outpatient - Individual;                                                                     | Adult Non-Residential S | Services Outpatient - |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | •                                                                                                                                       |                         |                       |
| Juvenile Services:        |                                                                                                 |                                                                                                                                         |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                              |                                                                                                                                         |                         |                       |
| Needelman, Joshua         | Capstone Behavioral Health                                                                      | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                             | (402)614-8444           | (402)614-8443         |
| Substance Abuse Services: |                                                                                                 |                                                                                                                                         |                         |                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                    | (bio-psychosocial); Psychological Evaluation                                                                                            |                         |                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M  | utpatient Therapy including Family Sessions-Mental Health; Asses                                                                        | sment: Pre-Treatment    | Assessment            |
| Other Services:           | Sliding Fee Scale;                                                                              | io E <sub>1</sub> , 7 io o o o in in it. 1 i sychological Evaluation                                                                    |                         |                       |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                              | Phone               | Fax                |
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|                           | 3 ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                     |                    |
| Needelman, Joshua         | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                          | (402)614-8444       | (402)614-8443      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial); Psychological Evaluation                                                                                                                                                                         |                     |                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                   | ent: Pre-Treatment  | Assessment         |
| Other Services:           | (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: M | SE); Assessment: Psychological Evaluation                                                                                                                                                                            |                     |                    |
| Neeley, Jennifer          | Autism Center of Nebraska Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9012 'Q' Street Omaha NB 68127                                                                                                                                                                                       | (402)315-1005       |                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Other Services:           | Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                     |                    |
| Neeley, Jennifer          | Autism Center of Nebraska Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9012 'Q' Street Omaha NB 68127                                                                                                                                                                                       | (402)315-1005       |                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                     |                    |
| Other Services:           | Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                     |                    |
| 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; Aduse Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | amily; Adult Non-Re | sidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial)                                                                                                                                                                                                   |                     |                    |
| Juvenile Services:        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                     |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                      |                     |                    |
| Neve, Robert              | The Clearview Center, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                    | (402)612-2516       | (402)614-5447      |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Aduse Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | amily; Adult Non-Re | sidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial)                                                                                                                                                                                                   |                     |                    |
| Juvenile Services:        | , ,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,                                                                                                                                                                                                                    |                     |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                      |                     |                    |
|                           | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                     |                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                                                                                                                      | Phone                                        | Fax             |
|---------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------|
| Osborn, Katlynn           | Capstone Behavioral Health                                                                         | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                                                                                                  | (402)366-3472                                |                 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile    | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Intervention/Education; Juvenile Non-Resi<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juve<br>idential Services Ou | nile Assessment |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                             |                                              |                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                  | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                    |                                              |                 |
| 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 Outpatien<br>Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin     | ring Treatment; Juve<br>idential Services Ou | nile Assessment |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                             |                                              |                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                  | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                    |                                              |                 |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Oyler, Samantha           | Child Saving Institute                                                                             | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                                                                                             | (402)964-2183                                | (402)553-2428   |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Juvenile Services:        | Out-Of-Home: Foster Care (Agency Supported); (Relative/Kinship)                                    | Out-Of-Home: Emergency Foster Care; Out-Of-Home: Respite Care;                                                                                                                                                                                                                               | Out-Of-Home: Fost                            | er Care         |
| Other Services:           | Bilingual Services;                                                                                |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Oyler, Samantha           | Child Saving Institute                                                                             | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                                                                                             | (402)964-2183                                | (402)553-2428   |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Juvenile Services:        | ( ) , , ,                                                                                          | Out-Of-Home: Emergency Foster Care; Out-Of-Home: Respite Care;                                                                                                                                                                                                                               | Out-Of-Home: Fost                            | er Care         |
| Other Services:           | (Relative/Kinship) Bilingual Services;                                                             |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                  | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                  | (402)488-0077                                | (402)488-0017   |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                    | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                                                                                                                             | aluation; Psychologi                         | ical Evaluation |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |
|                           |                                                                                                    |                                                                                                                                                                                                                                                                                              |                                              |                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                 | Agency                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                         | Fax                                                                              |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Paine, Mary                                          | Counseling Affiliates of Nebraska                                                                                                                                                             | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                                                                                                 | (402)488-0017                                                                    |
| Substance Abuse Services:<br>Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Tr                                                                                                                                                 | eatment Assessment (bio-psychosocial); Adults who Sexually F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Harm Evaluation; Psychologi                                                                                                   | cal Evaluation                                                                   |
| Juvenile Services:<br>Other Services:                | Sliding Fee Scale;                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                  |
| Palacios , Juan                                      | Adjudicated Youth Services                                                                                                                                                                    | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)739-1793                                                                                                                 |                                                                                  |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                  |
|                                                      | Non-Treatment: Family Support Worker; Non-T                                                                                                                                                   | reatment: Mentoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                  |
| Other Services:                                      | Bilingual Services;                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                  |
| Palacios , Juan                                      | Adjudicated Youth Services                                                                                                                                                                    | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)739-1793                                                                                                                 |                                                                                  |
|                                                      | Non-Treatment: Family Support Worker; Non-T                                                                                                                                                   | reatment: Mentoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                  |
| 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 Serv<br>Outpatient - Individual; Adult Non-Residential S<br>Juvenile Assessment Services Substance Abu<br>Care Monitoring SA/MH; Juvenile Non-Resider | Evaluations; Adult Non-Residential Services Intervention/Educatices Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/ ntial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treat (highersychosogial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | atient - Family; Adult Non-Re<br>ential Services Intensive Ou<br>(Education; Juvenile Non-Re<br>rvices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
|                                                      | Non-Treatment: Anger Management Class; No                                                                                                                                                     | n-Treatment: Mentoring; Outpatient Therapy - Individual-Mental cluding Family Sessions-Mental Health; Outpatient Therapy - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                  |
| Other Services:                                      | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                  |
| Parmer, Alisa                                        | Heartland Family Service                                                                                                                                                                      | 1941 S 42nd St Suite 375 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)552-7419                                                                                                                 | (402)457-7791                                                                    |
| Substance Abuse Services:                            | Monitoring SA/MH; Adult Non-Residential Serv<br>Outpatient - Individual; Adult Non-Residential S<br>Juvenile Assessment Services Substance Abu<br>Care Monitoring SA/MH; Juvenile Non-Resider | Evaluations; Adult Non-Residential Services Intervention/Educatices Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residese Evaluations; Juvenile Non-Residential Services Intervention/Intial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - C | atient - Family; Adult Non-Re<br>ential Services Intensive Ou<br>(Education; Juvenile Non-Re<br>rvices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |

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

| Name                                                                   | Agency                                                                                                                                   | Address                                                                                                                                                                                                                        | Phone                                                         | Fax                   |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|
| Other Services:                                                        | including Group Sessions-Mental Health; Outpatir<br>Treatment Assessment (Medicaid); Assessment:<br>Sliding Fee Scale; Hearing Impaired; | ent Therapy including Family Sessions-Mental Health; Outp<br>Co-Occurring                                                                                                                                                      | patient Therapy - Co-occurring                                | ; Assessment: Pre-    |
| Payne, Roshawna                                                        | Charles Drew Health Center                                                                                                               | 2915 Grant St Omaha NB 68111                                                                                                                                                                                                   | (402)810-9745                                                 |                       |
| Substance Abuse Services:                                              | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                       | aluations; Adult Non-Residential Services Outpatient - Gront - Individual; Adult Non-Residential Services Outpatient - Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurri | Co-Occurring Treatment; Juve on-Residential Services Outpa    | nile Assessment       |
| Mental Health Services:                                                | Outpatient Therapy; Co-Occurring                                                                                                         |                                                                                                                                                                                                                                |                                                               |                       |
| Juvenile Services:                                                     | Non-Treatment: Mentoring; Outpatient Therapy - including Family Sessions-Mental Health                                                   | Individual-Mental Health; Outpatient Therapy including Gro                                                                                                                                                                     | up Sessions-Mental Health; C                                  | outpatient Therapy    |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                       |                                                                                                                                                                                                                                |                                                               |                       |
| Payne, Roshawna                                                        | Charles Drew Health Center                                                                                                               | 2915 Grant St Omaha NB 68111                                                                                                                                                                                                   | (402)810-9745                                                 |                       |
| Substance Abuse Services:                                              | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                       | aluations; Adult Non-Residential Services Outpatient - Gront - Individual; Adult Non-Residential Services Outpatient - (Non-Residential Services Outpatient - Groups; Juvenile Noutpatient - Co-Occurri                        | Co-Occurring Treatment; Juve<br>on-Residential Services Outpa | nile Assessment       |
| Mental Health Services:                                                | Outpatient Therapy; Co-Occurring                                                                                                         |                                                                                                                                                                                                                                |                                                               |                       |
|                                                                        | including Family Sessions-Mental Health                                                                                                  | Individual-Mental Health; Outpatient Therapy including Gro                                                                                                                                                                     | up Sessions-Mental Health; C                                  | outpatient Therapy    |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                       |                                                                                                                                                                                                                                |                                                               |                       |
| Pedersen, Dwite                                                        | Dwite A. Pedersen                                                                                                                        | 21440 Shamrock Rd Elkhorn NB 68022                                                                                                                                                                                             | (402)289-4866                                                 | (402)289-3183         |
| Mental Health Services:<br>Juvenile Services:                          |                                                                                                                                          | aluations; Adult Non-Residential Services Intervention/Edu<br>nt - Individual; Adult Non-Residential Services Intensive Ou                                                                                                     |                                                               | Services Outpatient - |
| Pedersen, Dwite                                                        | Dwite A. Pedersen                                                                                                                        | 21440 Shamrock Rd Elkhorn NB 68022                                                                                                                                                                                             | (402)289-4866                                                 | (402)289-3183         |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: |                                                                                                                                          | aluations; Adult Non-Residential Services Intervention/Edu<br>nt - Individual; Adult Non-Residential Services Intensive Oເ                                                                                                     |                                                               | Services Outpatient - |

| Name                      | Agency                                               | Address                                                                                                                             | Phone Fax                               |
|---------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Pierce, Duana             | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105                                                                                           | (402)490-8055                           |
| Substance Abuse Services: |                                                      |                                                                                                                                     |                                         |
| Mental Health Services:   |                                                      |                                                                                                                                     |                                         |
| Juvenile Services:        | Non-Treatment: Family Support Worker                 |                                                                                                                                     |                                         |
| Other Services:           | Hearing Impaired;                                    |                                                                                                                                     |                                         |
| Pierce, Duana             | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105                                                                                           | (402)490-8055                           |
| Substance Abuse Services: |                                                      |                                                                                                                                     |                                         |
| Mental Health Services:   |                                                      |                                                                                                                                     |                                         |
|                           | Non-Treatment: Family Support Worker                 |                                                                                                                                     |                                         |
| Other Services:           | Hearing Impaired;                                    |                                                                                                                                     |                                         |
| Pilcher, Chris            | Pilcher Counseling LLC                               | 6910 Pacific St Ste 320 Omaha NB 68106                                                                                              | (402)715-9710                           |
| Substance Abuse Services: |                                                      |                                                                                                                                     |                                         |
| Mental Health Services:   |                                                      |                                                                                                                                     |                                         |
| Juvenile Services:        |                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); |                                         |
| Other Services:           | Sliding Fee Scale;                                   |                                                                                                                                     |                                         |
| Pilcher, Chris            | Pilcher Counseling LLC                               | 6910 Pacific St Ste 320 Omaha NB 68106                                                                                              | (402)715-9710                           |
| Substance Abuse Services: |                                                      |                                                                                                                                     |                                         |
| Mental Health Services:   |                                                      |                                                                                                                                     |                                         |
| Juvenile Services:        |                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); |                                         |
| Other Services:           | Sliding Fee Scale;                                   |                                                                                                                                     |                                         |
| Polk, Marcus              | Gateway Transitional Housing LLC                     | 13217 C St Omaha NB 68144                                                                                                           | (917)932-4321                           |
| Substance Abuse Services: |                                                      | valuations; Adult Non-Residential Services Intervention/Education; Ad                                                               | ult Non-Residential Services Outpatient |
| Mental Health Services:   |                                                      | ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                |                                         |
| Juvenile Services:        | Опранети тнетару                                     |                                                                                                                                     |                                         |
|                           | Sliding Foo Scale: Bilingual Services:               |                                                                                                                                     |                                         |
| Other Services.           | Sliding Fee Scale; Bilingual Services;               |                                                                                                                                     |                                         |

| Name                                                                   | Agency                                                                                                                                                                                                 | Address                                                                                                                                     | Phone               | Fax                   |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| Polk, Marcus                                                           | Gateway Transitional Housing LLC                                                                                                                                                                       | 13217 C St Omaha NB 68144                                                                                                                   | (917)932-4321       |                       |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient   |
| Other Services:                                                        | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                 |                                                                                                                                             |                     |                       |
| Porter, Cori                                                           | Inroads To Recovery                                                                                                                                                                                    | 2808 N 75th St Suite H Omaha NB 68134                                                                                                       | (402)932-2248       |                       |
| Mental Health Services:<br>Juvenile Services:                          | Adult Assessment Services Substance Abuse Ev<br>Sliding Fee Scale;                                                                                                                                     | aluations; Adult Residential Services Short Term Residential                                                                                |                     |                       |
| Porter, Cori                                                           | Inroads To Recovery                                                                                                                                                                                    | 2808 N 75th St Suite H Omaha NB 68134                                                                                                       | (402)932-2248       |                       |
| Mental Health Services:<br>Juvenile Services:                          | Sliding Fee Scale;                                                                                                                                                                                     | aluations; Adult Residential Services Short Term Residential                                                                                |                     |                       |
| Powell, Michelle                                                       | Stephen Center                                                                                                                                                                                         | 5217 S 28th St Omaha NB 68107                                                                                                               | (402)715-5440       | (402)715-5452         |
| Mental Health Services:                                                | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Extended Residential; Adult<br>Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring                                                                                                            | dult Non-Residentia | I Services Outpatien  |
|                                                                        | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale;                                                                                                                                        | aid); Assessment: Co-Occurring                                                                                                              |                     |                       |
| Powell, Michelle                                                       | Stephen Center                                                                                                                                                                                         | 5217 S 28th St Omaha NB 68107                                                                                                               | (402)715-5440       | (402)715-5452         |
| Mental Health Services:<br>Juvenile Services:                          | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                            | dult Non-Residentia | l Services Outpatient |

|                                               | T                                                                                                                                                       |                                                                                                                                                                                                                                                          |                     | Τ                  |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| Name                                          | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                  | Phone               | Fax                |
| Prince, Reginald                              | Serenity Matters                                                                                                                                        | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111                                                                                                                                                                                                      | (402)830-3890       | (402)212-0282      |
|                                               | Groups; Adult Non-Residential Services Outpatien<br>Abuse Evaluations; Juvenile Non-Residential Ser<br>Services Outpatient - Family; Juvenile Non-Resid | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual  | venile Assessment S | Services Substance |
|                                               | Outpatient Therapy; Co-Occurring                                                                                                                        |                                                                                                                                                                                                                                                          |                     |                    |
|                                               | Non-Treatment: Anger Management Class                                                                                                                   |                                                                                                                                                                                                                                                          |                     |                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                          |                     |                    |
| Prince, Reginald                              | Serenity Matters                                                                                                                                        | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111                                                                                                                                                                                                      | (402)830-3890       | (402)212-0282      |
|                                               | Groups; Adult Non-Residential Services Outpatien<br>Abuse Evaluations; Juvenile Non-Residential Ser<br>Services Outpatient - Family; Juvenile Non-Resid | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outpatient - Individual | venile Assessment S | Services Substance |
|                                               | Outpatient Therapy; Co-Occurring                                                                                                                        |                                                                                                                                                                                                                                                          |                     |                    |
|                                               | Non-Treatment: Anger Management Class                                                                                                                   |                                                                                                                                                                                                                                                          |                     |                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                          |                     |                    |
| Pulido, Ruben                                 | Veterans Affairs Medical Center (Veterans Only)                                                                                                         | 4101 Woolworth Drive Omaha NB 68105                                                                                                                                                                                                                      | (402)995-4518       |                    |
| Substance Abuse Services:                     | Family; Adult Non-Residential Services Outpatien                                                                                                        | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>esidential Services Dual Residential (MH/SA); Adult Residential Servi                               | ng Treatment; Adult | Non-Residential    |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme                                                                                                        | ent Assessment (bio-psychosocial); Co-Occurring; Psychological Eval                                                                                                                                                                                      | uation              |                    |
| Other Services:                               | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                          |                     |                    |
| Pulido, Ruben                                 | Veterans Affairs Medical Center (Veterans Only)                                                                                                         |                                                                                                                                                                                                                                                          | (402)995-4518       |                    |
| Substance Abuse Services:                     | Family; Adult Non-Residential Services Outpatien                                                                                                        | aluations; Adult Non-Residential Services Outpatient - Groups; Adult l<br>tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>esidential Services Dual Residential (MH/SA); Adult Residential Servi                               | ng Treatment; Adult | Non-Residential    |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme                                                                                                        | ent Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                | uation              |                    |
| Other Services:                               | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                          |                     |                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                          | Address                                                               | Phone                | Fax              |
|---------------------------|-------------------------------------------------|-----------------------------------------------------------------------|----------------------|------------------|
| Raasch, Debra             | Capstone Behavioral Health                      | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                           | (402)614-8444        | (402)614-8443    |
| Substance Abuse Services: |                                                 |                                                                       |                      |                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment    | (bio-psychosocial)                                                    |                      |                  |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Family Sessio | 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:   | Outpatient Therapy; Pre-Treatment Assessment    | (bio-psychosocial)                                                    |                      |                  |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Family Sessio | ns-Mental Health |
| Other Services:           | Sliding Fee Scale;                              |                                                                       |                      |                  |
| Ramirez, Maria            | Heartland Family Service                        | 2101 S 42nd St Omaha NB 68105                                         | (402)699-6294        | (402)552-7497    |
| Substance Abuse Services: |                                                 |                                                                       |                      |                  |
| Mental Health Services:   |                                                 |                                                                       |                      |                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker            |                                                                       |                      |                  |
| Other Services:           | Bilingual Services;                             |                                                                       |                      |                  |
| Ramirez, Maria            | All Communities Outreach Services               | 112 E Mission Ave Bellevue NB 68005                                   | (402)257-1122        |                  |
| Substance Abuse Services: |                                                 |                                                                       |                      |                  |
| Mental Health Services:   |                                                 |                                                                       |                      |                  |
| Juvenile Services:        | Non-Treatment: General Education Class; Non-    | Freatment: Employment Placement Program; Non-Treatment: Family        | Partner              |                  |
| Other Services:           | Bilingual Services;                             |                                                                       |                      |                  |
| Ramirez, Maria            | Heartland Family Service                        | 2101 S 42nd St Omaha NB 68105                                         | (402)699-6294        | (402)552-7497    |
| Substance Abuse Services: |                                                 |                                                                       |                      |                  |
| Mental Health Services:   |                                                 |                                                                       |                      |                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker            |                                                                       |                      |                  |
| Other Services:           | Bilingual Services;                             |                                                                       |                      |                  |
| Ramirez, Maria            | All Communities Outreach Services               | 112 E Mission Ave Bellevue NB 68005                                   | (402)257-1122        |                  |
| Substance Abuse Services: |                                                 |                                                                       |                      |                  |
| Mental Health Services:   |                                                 |                                                                       |                      |                  |

Juvenile Services: Non-Treatment: General Education Class; Non-Treatment: Employment Placement Program; Non-Treatment: Family Partner

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                               | Fax                                                                     |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 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/Educates Outpatient - Groups; Adult Non-Residential Services Outpatroices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/Eal Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | tient - Family; Adult Non-Resi<br>ential Services Intensive Outpa<br>Education; Juvenile Non-Resi<br>vices Outpatient - Family; Juv | dential Services<br>atient Treatment;<br>dential Services<br>enile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                         |
|                           | (Medicaid)                                                                                                                                                                                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; A                                                                                                                                                                                                                                                                                                                                                      | ssessment: 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                                                                                                                       |                                                                         |
|                           | Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                                                                                                                              | es Outpatient - Groups; Adult Non-Residential Services Outpatrices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/Eal Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                      | ential Services Intensive Outpo<br>Education; Juvenile Non-Residuces Outpatient - Family; Juv                                       | atient Treatment;<br>dential Services<br>enile Non-                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; A                                                                                                                                                                                                                                                                                                                                                      | ssessment: Pre-Treatment As                                                                                                         | sessment                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                         |
| Rhodes-Richardson,        | Alegent Health                                                                                                                                                                                                                                                                    | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                           | (402)572-2947                                                                                                                       | (402)572-3467                                                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Individentices Substance Abuse Evaluations; Juvenile Non-Resident avenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment                                                                                                                                     | dual; Adult Non-Residential S<br>tial Services Intervention/Educ                                                                    | ervices Outpatient -<br>cation; Juvenile                                |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                         |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                 | ervices;                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                         |
| Rhodes-Richardson,        | Alegent Health                                                                                                                                                                                                                                                                    | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                           | (402)572-2947                                                                                                                       | (402)572-3467                                                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Individences Substance Abuse Evaluations; Juvenile Non-Resident Juvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment                                                                                                                                      | dual; Adult Non-Residential S<br>tial Services Intervention/Educ                                                                    | ervices Outpatient -<br>cation; Juvenile                                |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                         |

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                            | Phone                                        | Fax                                     |
|---------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                 | rvices;                                                                                                                                                                                                                                                                                            |                                              |                                         |
| Riley, LaTaunya           | Center for Holistic Development, Inc.                                                             | 6659 Sorensen Parkway Omaha NB 68152                                                                                                                                                                                                                                                               | (402)502-9788                                |                                         |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential<br>s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   | ,                                                                                                 |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Riley, LaTaunya           | Center for Holistic Development, Inc.                                                             | 6659 Sorensen Parkway Omaha NB 68152                                                                                                                                                                                                                                                               | (402)502-9788                                |                                         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Resideatient Treatment | dult Non-Residential<br>s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Robinson, Natasha         | Boys Town                                                                                         | 13460 Walsh Dr Boys Town NB 68101                                                                                                                                                                                                                                                                  | (402)498-3008                                | (402)498-3375                           |
| Substance Abuse Services: |                                                                                                   | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; vices Outpatient - Individual; Juvenile Non-Residential Services Outp                                                                                                                                                          |                                              |                                         |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                 | ent Assessment (bio-                         | -psychosocial); Co-                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                 | rtpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                           |                                              |                                         |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                             |                                                                                                                                                                                                                                                                                                    |                                              |                                         |
| Robinson, Natasha         | Boys Town                                                                                         | 13460 Walsh Dr Boys Town NB 68101                                                                                                                                                                                                                                                                  | (402)498-3008                                | (402)498-3375                           |
| Substance Abuse Services: |                                                                                                   | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; vices Outpatient - Individual; Juvenile Non-Residential Services Outp                                                                                                                                                          |                                              |                                         |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                 | ent Assessment (bio-                         | psychosocial); Co-                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                 | rtpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                              |                                              |                                         |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                             |                                                                                                                                                                                                                                                                                                    |                                              |                                         |

| Name                                          | Agency                                                                                                                                                                                             | Address                                                                                                                           | Phone                                                         | Fax                                   |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|
| Rogers, Randall                               | Agape Counseling Services/Tubman<br>Center Counseling                                                                                                                                              | 3223 N 45th St Omaha NB 68104                                                                                                     | (531)777-1451                                                 |                                       |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C |                                                                                                                                   | lual; Adult Non-Residential S<br>al Services Intervention/Edu | ervices Outpatient - cation; Juvenile |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       |                                                                                                                                   |                                                               |                                       |
| Juvenile Services:                            |                                                                                                                                                                                                    | nt: Anger Management Class; Outpatient Therapy - Individual-<br>py including Family Sessions-Mental Health; Outpatient Thera      |                                                               |                                       |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                   |                                                               |                                       |
| Rogers, Randall                               | Agape Counseling Services/Tubman Center Counseling                                                                                                                                                 | 3223 N 45th St Omaha NB 68104                                                                                                     | (531)777-1451                                                 |                                       |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                   |                                                                                                                                   | lual; Adult Non-Residential S<br>al Services Intervention/Edu | ervices Outpatient - cation; Juvenile |
|                                               | Out-Of-Home: Independent Living; Non-Treatment                                                                                                                                                     | nt: Anger Management Class; Outpatient Therapy - Individual-l<br>py including Family Sessions-Mental Health; Outpatient Thera     |                                                               |                                       |
| 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:                     |                                                                                                                                                                                                    | raluations; Adult Non-Residential Services Intervention/Educati<br>tient - Co-Occurring Treatment; Adult Non-Residential Services |                                                               |                                       |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Co-Occurring                                                                                                                                                                   |                                                                                                                                   |                                                               |                                       |
|                                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                   |                                                               |                                       |
| Rojas, Virgen                                 | Lutheran Family Services of NE Inc                                                                                                                                                                 | 120 S 24th St Ste 100 Omaha NB 68102                                                                                              | (402)721-1774                                                 |                                       |
| Substance Abuse Services:                     |                                                                                                                                                                                                    | raluations; Adult Non-Residential Services Intervention/Educati<br>tient - Co-Occurring Treatment; Adult Non-Residential Services |                                                               |                                       |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Co-Occurring                                                                                                                                                                   |                                                                                                                                   |                                                               |                                       |
|                                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                   |                                                               |                                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                          | Agency                                        | Address                                                                                                                       | Phone                               | Fax                 |
|-----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|
| Ross, Fred                                    | Heartland Family Service                      | 2101 S 42nd St Omaha NB 68105                                                                                                 | (402)552-7069                       | (402)552-7497       |
| Substance Abuse Services:                     |                                               |                                                                                                                               |                                     |                     |
| Mental Health Services:                       | Outpatient Therapy                            |                                                                                                                               |                                     |                     |
| Juvenile Services:                            | Non-Treatment: General Education Class        |                                                                                                                               |                                     |                     |
| Other Services:                               | Sliding Fee Scale;                            |                                                                                                                               |                                     |                     |
| Ross, Fred                                    | Heartland Family Service                      | 2101 S 42nd St Omaha NB 68105                                                                                                 | (402)552-7069                       | (402)552-7497       |
| Substance Abuse Services:                     |                                               |                                                                                                                               |                                     |                     |
| 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:                     |                                               | e Evaluations; Adult Non-Residential Services Intervention/<br>patient - Individual; Adult Non-Residential Services Outpation |                                     | Services Outpatient |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment  | ent (bio-psychosocial); Co-Occurring                                                                                          |                                     |                     |
| Juvenile Services:                            |                                               | , , ,                                                                                                                         |                                     |                     |
| 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:                     |                                               | e Evaluations; Adult Non-Residential Services Intervention/<br>atient - Individual; Adult Non-Residential Services Outpation  |                                     | Services Outpatient |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment  | ent (bio-psychosocial); Co-Occurring                                                                                          |                                     |                     |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;        |                                                                                                                               |                                     |                     |
| Rush, Sherlonda                               | Charles Drew Health Center                    | 2915 Grant St Omaha NB 68111                                                                                                  | (402)810-9831                       |                     |
| Substance Abuse Services:                     |                                               |                                                                                                                               |                                     |                     |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment  | ent (bio-psychosocial)                                                                                                        |                                     |                     |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health | n; Outpatient Therapy including Family Sessions-Mental He                                                                     | ealth; Outpatient Therapy - Youth \ | Who Sexually Harm   |
| Other Services:                               | Sliding Fee Scale;                            |                                                                                                                               |                                     |                     |
| Rush, Sherlonda                               | Charles Drew Health Center                    | 2915 Grant St Omaha NB 68111                                                                                                  | (402)810-9831                       |                     |
| Substance Abuse Services:                     |                                               |                                                                                                                               |                                     |                     |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessme    | ent (bio-psychosocial)                                                                                                        |                                     |                     |
| Juvenile Services                             | Outpatient Therapy - Individual-Mental Health | n; Outpatient Therapy including Family Sessions-Mental He                                                                     | ealth; Outpatient Therapy - Youth \ | Who Sexually Harn   |

| Name                                          | Agency                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                             | Phone                                                                                                                         | Fax                                                                        |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Salvatore, Christine                          | Stephen Center                                                                                                                                      | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                       | (402)715-5440                                                                                                                 | (402)715-5452                                                              |
|                                               | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/<br>ent - Family; Adult Non-Residential Services Outpatient<br>Services Intensive Outpatient Treatment; Juvenile Assen; Juvenile Non-Residential Services Outpatient - Group<br>Individual; Juvenile Non-Residential Services Outpatient                                    | <ul> <li>Individual; Adult Non-Residential<br/>essment Services Substance Abuses; Juvenile Non-Residential Service</li> </ul> | Services Outpatient -<br>e Evaluations; Juvenilo<br>es Outpatient - Family |
|                                               | Intensive Outpatient: Intensive Outpatient Thera                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                            |
| 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 Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/<br>ent - Family; Adult Non-Residential Services Outpatient<br>Services Intensive Outpatient Treatment; Juvenile Assen; Juvenile Non-Residential Services Outpatient - Group<br>ndividual; Juvenile Non-Residential Services Outpatient<br>(bio-psychosocial); Co-Occurring | <ul> <li>Individual; Adult Non-Residential<br/>essment Services Substance Abuses; Juvenile Non-Residential Service</li> </ul> | Services Outpatient -<br>e Evaluations; Juvenilo<br>es Outpatient - Family |
|                                               | Intensive Outpatient: Intensive Outpatient Thera                                                                                                    | , , ,                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                            |
|                                               | Sliding Fee Scale;                                                                                                                                  | 3                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                            |
| Sanchez, Laura                                | AM Counseling and Consulting LLC                                                                                                                    | 919 Galvin Rd S Bellevue NB 68005                                                                                                                                                                                                                                                                                                   | (402)807-5117                                                                                                                 |                                                                            |
| Mental Health Services:<br>Juvenile Services: | Family; Adult Non-Residential Services Outpatien<br>Outpatient Therapy; Pre-Treatment Assessment                                                    | valuations; Adult Non-Residential Services Outpatient -<br>ent - Individual; Adult Non-Residential Services Outpatie<br>t (bio-psychosocial); Co-Occurring<br>Outpatient Therapy including Family Sessions-Mental He                                                                                                                | nt - Co-Occurring Treatment                                                                                                   | •                                                                          |
| 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 -<br>ent - Individual; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                |                                                                                                                               | rvices Outpatient -                                                        |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | (DIO-DSVCDOSOCIAL): CO-OCCUTTING                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                                            |
|                                               |                                                                                                                                                     | Dutpatient Therapy including Family Sessions-Mental He                                                                                                                                                                                                                                                                              | alth. Outpationt Thomas. Or res                                                                                               |                                                                            |

| Name                                                                   | Agency                                                                  | Address                                                                                                                                          | Phone         | Fax |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|
| Schreiner, Emily                                                       | Capstone Behavioral Health                                              | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                  | (402)614-8444 |     |
|                                                                        | Outpatient Therapy - Individual-Mental Health; Ou<br>Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health                                                                                        |               |     |
| Schreiner, Emily                                                       | Capstone Behavioral Health                                              | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                  | (402)614-8444 |     |
|                                                                        | Outpatient Therapy - Individual-Mental Health; Ou<br>Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health                                                                                        |               |     |
| Scott, Judi                                                            | Buoyant Family Services Counseling and Consulting LLC                   | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                               | (402)933-7577 |     |
| Mental Health Services:<br>Juvenile Services:                          |                                                                         | raluations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A  |               |     |
| Scott, Judi                                                            | Buoyant Family Services Counseling and Consulting LLC                   | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                               | (402)933-7577 |     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Assessment Services Substance Abuse Eva                           | raluations; Adult Non-Residential Services Intervention/Education; Annt - Family; Adult Non-Residential Services Outpatient - Individual; A      |               |     |
|                                                                        | Bilingual Services;                                                     |                                                                                                                                                  |               |     |
| Segoviano, Jessica                                                     | Infinite Avenues Counseling                                             | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                           | (402)301-6813 |     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: |                                                                         | raluations; Adult Non-Residential Services Intervention/Education; Ar<br>Int - Family; Adult Non-Residential Services Outpatient - Individual; A |               |     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                                                                                     | Phone                                                        | Fax              |  |
|---------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------|--|
| Segoviano, Jessica        | Infinite Avenues Counseling                                                                        | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                      | (402)301-6813                                                |                  |  |
|                           |                                                                                                    | Evaluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Indi                                                                                                                              |                                                              |                  |  |
| Mental Health Services:   | Outpatient Treatment                                                                               |                                                                                                                                                                                                                                                             |                                                              |                  |  |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                             |                                                              |                  |  |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                             |                                                              |                  |  |
| Sextro, Karla             | Child Saving Institute                                                                             | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                                                            | (402)553-6000                                                | (402)553-2428    |  |
|                           | Individual; Adult Non-Residential Services Outp<br>Residential Services Intervention/Education; Ju | Evaluations; Adult Non-Residential Services Outpatient - Famil patient - Co-Occurring Treatment; Juvenile Assessment Servic uvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Co- | es Substance Abuse Evaluation Non-Residential Services Out   | ns; Juvenile Non |  |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial)                                                        |                                                                                                                                                                                                                                                             |                                                              |                  |  |
|                           | Out-Of-Home Shelter Care; Outpatient Therapy including Family Sessions-Mental Health; Outp         | y - Individual-Mental Health; Outpatient Therapy including Grou                                                                                                                                                                                             | up Sessions-Mental Health; Ou                                | tpatient Therapy |  |
|                           | Sliding Fee Scale;                                                                                 | called instalp, co cocalining                                                                                                                                                                                                                               |                                                              |                  |  |
| Sextro, Karla             | Child Saving Institute                                                                             | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                                                            | (402)553-6000                                                | (402)553-2428    |  |
|                           | Individual; Adult Non-Residential Services Outp<br>Residential Services Intervention/Education; Ju | Evaluations; Adult Non-Residential Services Outpatient - Famil patient - Co-Occurring Treatment; Juvenile Assessment Servic uvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Co- | es Substance Abuse Evaluatio<br>Non-Residential Services Out | ns; Juvenile Non |  |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial)                                                        |                                                                                                                                                                                                                                                             |                                                              |                  |  |
|                           | Out-Of-Home Shelter Care; Outpatient Therapy including Family Sessions-Mental Health; Outp         | y - Individual-Mental Health; Outpatient Therapy including Grou                                                                                                                                                                                             | up Sessions-Mental Health; Ou                                | tpatient Therapy |  |
|                           | Sliding Fee Scale;                                                                                 | 3                                                                                                                                                                                                                                                           |                                                              |                  |  |
| Simmons, Kim              | Lutheran Family Services of NE Inc                                                                 | 2661 Douglas St Omaha NB 68131                                                                                                                                                                                                                              | (402)978-5613                                                |                  |  |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                             |                                                              |                  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen                                                        | nt (bio-psychosocial)                                                                                                                                                                                                                                       |                                                              |                  |  |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                             |                                                              |                  |  |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                             |                                                              |                  |  |
|                           |                                                                                                    |                                                                                                                                                                                                                                                             |                                                              |                  |  |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                           | Phone                                                                  | Fax                                                                 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|
| Sorensen, Rachel          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2170 North Platte Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                            | (402)720-3992                                                          | (402)753-6445                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   | dult Non-Residential<br>vices Intervention/Ed<br>esidential Services ( | Services Outpatient<br>lucation; Juvenile<br>Outpatient - Individua |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse<br>Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                | ent Assessment (bio                                                    | -psychosocial); Co-                                                 |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess                                                                                                                            | by - Co-occurring; In                                                  | tensive Outpatient:                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                     |
| Sorensen, Rachel          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2170 North Platte Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                            | (402)720-3992                                                          | (402)753-6445                                                       |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C<br>Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Avervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment | dult Non-Residential<br>vices Intervention/Ed<br>esidential Services ( | Services Outpatient<br>lucation; Juvenile<br>Outpatient - Individua |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess                                                                                                                            | by - Co-occurring; In                                                  | tensive Outpatient:                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                     |
| Soriano, David            | Integral Care, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1941 South 42nd Street Suite 107 Omaha NB 68105                                                                                                                                                                                                                                                                                                   | (402)515-9815                                                          |                                                                     |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse<br>Outpatient - Individual; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                  | Juvenile Non-Reside                                                    | ential Services                                                     |
| Mental Health Services:   | Calpation marriada, savernio non residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Corvices Guipalione Go Goodhing Frederiche                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                              | nt Therapy - Co-occi                                                   | urring                                                              |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                     |
| Soriano, David            | Community Based Services LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 319 S 17th St., Suite 240 Omaha NB 68102                                                                                                                                                                                                                                                                                                          | (402)515-9815                                                          |                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                     |

Juvenile Services: Contracted Services: Tracker; Contracted Services: Electronic Monitoring

Other Services: Bilingual Services;

| Name                                                 | Agency                                                                   | Address                                                                                                                                                                                                                                         | Phone                | Fax           |  |  |
|------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|--|--|
| Soriano, David                                       | Integral Care, LLC                                                       | 1941 South 42nd Street Suite 107 Omaha NB 68105                                                                                                                                                                                                 | (402)515-9815        |               |  |  |
| Substance Abuse Services:  Mental Health Services:   |                                                                          | venile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment |                      |               |  |  |
| Juvenile Services:                                   | Outpatient Therapy - Individual-Mental Health; Ou<br>Bilingual Services; | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                             | nt Therapy - Co-occi | urring        |  |  |
| Soriano, David                                       | Community Based Services LLC                                             | 319 S 17th St., Suite 240 Omaha NB 68102                                                                                                                                                                                                        | (402)515-9815        |               |  |  |
| Substance Abuse Services:<br>Mental Health Services: |                                                                          |                                                                                                                                                                                                                                                 |                      |               |  |  |
|                                                      | Contracted Services: Tracker; Contracted Services                        | es: Electronic Monitoring                                                                                                                                                                                                                       |                      |               |  |  |
| Other Services:                                      | Bilingual Services;                                                      |                                                                                                                                                                                                                                                 |                      |               |  |  |
| Spring, Carly                                        | Counseling Connections & Associates, LLC                                 | 444 Regency Parkway Dr Suite 104 Omaha NB 68114                                                                                                                                                                                                 | (402)552-7004        | (402)553-1333 |  |  |
|                                                      |                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                      |                      |               |  |  |
| Juvenile Services:                                   | Outpatient merapy, rie-freatment Assessment                              | (bio-psychosocial), Co-occurring                                                                                                                                                                                                                |                      |               |  |  |
| Other Services:                                      | Sliding Fee Scale;                                                       |                                                                                                                                                                                                                                                 |                      |               |  |  |
| 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; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                      |                      |               |  |  |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment (                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                |                      |               |  |  |
| Juvenile Services:                                   |                                                                          |                                                                                                                                                                                                                                                 |                      |               |  |  |
| Other Services:                                      | Sliding Fee Scale;                                                       |                                                                                                                                                                                                                                                 |                      |               |  |  |
| 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                                                                                                                                                                                                                                       |                      |               |  |  |
|                                                      | Pre-Treatment Assessment (bio-psychosocial)                              |                                                                                                                                                                                                                                                 |                      |               |  |  |
| Juvenile Services:                                   | 0                                                                        |                                                                                                                                                                                                                                                 |                      |               |  |  |
| Other Services:                                      | Sliding Fee Scale; Bilingual Services;                                   |                                                                                                                                                                                                                                                 |                      |               |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                      | Address                                   | Phone         | Fax |
|---------------------------|---------------------------------------------|-------------------------------------------|---------------|-----|
| Stanek, Sean              | Heartland Family Service                    | 2101 S 42nd St Omaha NB 68105             | (402)552-7013 |     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse   | Evaluations                               |               |     |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial) |                                           |               |     |
| Juvenile Services:        |                                             |                                           |               |     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;      |                                           |               |     |
| 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:        |                                             |                                           |               |     |
| Other Services:           | Sliding Fee Scale;                          |                                           |               |     |
| Stein, Daniela            | Lutheran Family Services of NE Inc          | 120 S 24th St Ste 100 Omaha NB 68102      | (402)978-5604 |     |
|                           |                                             |                                           |               |     |
| Juvenile Services:        |                                             |                                           |               |     |
| Other Services:           | Sliding Fee Scale;                          |                                           |               |     |
| Steinbach, Melissa        | Southern Peaks Regional Treatment<br>Center | 700 Four Mile Parkway Canon City CO 81212 | (719)371-0851 |     |
| Substance Abuse Services: |                                             |                                           |               |     |
| Mental Health Services:   |                                             |                                           |               |     |
| Juvenile Services:        | Therapeutic Group Home-Mental Health        |                                           |               |     |
| Other Services:           | Hearing Impaired; Bilingual Services;       |                                           |               |     |
| Steinbach, Melissa        | Southern Peaks Regional Treatment Center    | 700 Four Mile Parkway Canon City CO 81212 | (719)371-0851 |     |
| Substance Abuse Services: |                                             |                                           |               |     |
| Mental Health Services:   |                                             |                                           |               |     |
| Juvenile Services         | Therapeutic Group Home-Mental Health        |                                           |               |     |

Juvenile Services: Therapeutic Group Home-Mental Health Other Services: Hearing Impaired; Bilingual Services;

| Name                      | Agency                                                                                   | Address                                                          | Phone                   | Fax            |
|---------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|----------------|
| Stennis, Gladys           | Infinite Avenues Counseling                                                              | ite Avenues Counseling 7117 Farnam St Suite 17 Omaha NB 68132 (4 |                         |                |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E                                              | valuations                                                       |                         |                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                             | t (bio-psychosocial); Co-Occurring                               |                         |                |
| Juvenile Services:        |                                                                                          |                                                                  |                         |                |
| Other Services:           | Sliding Fee Scale;                                                                       |                                                                  |                         |                |
| Stennis, Gladys           | Infinite Avenues Counseling                                                              | 7117 Farnam St Suite 17 Omaha NB 68132                           | (402)905-6296           |                |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E                                              | valuations                                                       |                         |                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                             | t (bio-psychosocial); Co-Occurring                               |                         |                |
| Juvenile Services:        |                                                                                          |                                                                  |                         |                |
| Other Services:           | Sliding Fee Scale;                                                                       |                                                                  |                         |                |
| Stennis-Williams , LaVon  | ReConnect, Inc.                                                                          | 1941 So. 42nd St. Suite 502 Omaha NB 68105                       | (402)934-4933           | (402)502-4576  |
| Substance Abuse Services: |                                                                                          |                                                                  |                         |                |
| Mental Health Services:   |                                                                                          |                                                                  |                         |                |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: Treatment: Employment Placement Program; No | Anger Management Class; Non-Treatment: General Education         | Class; Non-Treatment: M | entoring; Non- |
| Other Services:           | Bilingual Services;                                                                      | on nounce, and a suite                                           |                         |                |
| Stennis-Williams , LaVon  | ReConnect, Inc.                                                                          | 1941 So. 42nd St. Suite 502 Omaha NB 68105                       | (402)934-4933           | (402)502-4576  |
| Substance Abuse Services: |                                                                                          |                                                                  |                         |                |
| Mental Health Services:   |                                                                                          |                                                                  |                         |                |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: Treatment: Employment Placement Program; No | Anger Management Class; Non-Treatment: General Education         | Class; Non-Treatment: M | entoring; Non- |
| Other Services:           | Bilingual Services;                                                                      | on nounce, and a suite                                           |                         |                |
| Stewart, Donna            | Boys Town                                                                                | 13460 Walsh Dr Boys Town NB 68101                                | (402)498-7900           | (402)498-3375  |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E                                              | valuations; Juvenile Assessment Services Substance Abuse Eva     | aluations               |                |
| Mental Health Services:   |                                                                                          |                                                                  |                         |                |
| Juvenile Services:        | Assessment: Pre-Treatment Assessment (Medic                                              | caid); Assessment: Mental Status Exam (MSE); Assessment: Ps      | ychological Evaluation  |                |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                    |                                                                  |                         |                |
| Stewart, Donna            | Boys Town                                                                                | 13460 Walsh Dr Boys Town NB 68101                                | (402)498-7900           | (402)498-3375  |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E                                              | valuations; Juvenile Assessment Services Substance Abuse Eva     | aluations               |                |
| Mental Health Services:   |                                                                                          |                                                                  |                         |                |
| ivientai neatti Services. |                                                                                          |                                                                  |                         |                |
|                           | Assessment: Pre-Treatment Assessment (Medic                                              | caid); Assessment: Mental Status Exam (MSE); Assessment: Ps      | ychological Evaluation  |                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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-Mental Health; uding Family Sessions-Mental Health; Assessment: Pre-Treatment A                                                        |               |               |
| Other Services:           | Sliding Fee Scale;                          |                                                                                                                                                                                              |               |               |
| Stewart-Hunter, Salema    | Charles Drew Health Center                  | 2915 Grant St Omaha NB 68111                                                                                                                                                                 | (402)810-9551 |               |
| Substance Abuse Services: |                                             |                                                                                                                                                                                              |               |               |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial) |                                                                                                                                                                                              |               |               |
| Juvenile Services:        |                                             | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Assessment: Pre-Treatment A                                                        |               |               |
| Other Services:           | Sliding Fee Scale;                          |                                                                                                                                                                                              |               |               |
| Sutton, Sherry            | Nebraska Urban Indian Health Inc            | 2240 Landon Court Omaha NB 68102                                                                                                                                                             | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: |                                             | raluations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment |               | •             |
| Mental Health Services:   |                                             | ·                                                                                                                                                                                            |               |               |
| Juvenile Services:        |                                             |                                                                                                                                                                                              |               |               |
| Other Services:           | Sliding Fee Scale;                          |                                                                                                                                                                                              |               |               |
| Sutton, Sherry            | Nebraska Urban Indian Health Inc            | 2240 Landon Court Omaha NB 68102                                                                                                                                                             | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: |                                             | raluations; Adult Non-Residential Services Intervention/Education; Ad<br>Int - Family; Adult Non-Residential Services Outpatient - Individual; An<br>Services Intensive Outpatient Treatment |               |               |
| Mental Health Services:   | ,                                           |                                                                                                                                                                                              |               |               |
| Juvenile Services:        |                                             |                                                                                                                                                                                              |               |               |
| Other Services:           | Sliding Fee Scale;                          |                                                                                                                                                                                              |               |               |
| Torres, Griselda          | Heartland Family Service                    | 1941 S 42nd St Suite 375 Omaha NB 68105                                                                                                                                                      | (402)980-9672 |               |
| Substance Abuse Services: |                                             |                                                                                                                                                                                              |               |               |
| Mental Health Services:   |                                             |                                                                                                                                                                                              |               |               |

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                 | Agency                                                                                                                                                                                                                                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                       | Fax                                                                 |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Torres, Griselda                                     | Heartland Family Service                                                                                                                                                                                                                                                                                        | 1941 S 42nd St Suite 375 Omaha NB 68105 (402)98                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Substance Abuse Services:                            |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Mental Health Services:                              |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Juvenile Services:                                   | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Other Services:                                      | 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<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Extended Residential; Adul<br>Juvenile Non-Residential Services Intervention/E                                                                                                         | valuations; Adult Non-Residential Services Intervention/Education; Aduent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services Det Residential Services Short Term Residential; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenitent - Individual; Juvenile Non-Residential Services Outpatient - Content | dult Non-Residential Ser<br>Jual Residential (MH/SA)<br>Services Substance Abus<br>venile Non-Residential S | vices Outpatient<br>); Adult<br>se Evaluations;<br>ervices Outpatie |
| Mental Health Services:                              | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Tostenson, Dawn                                      | Stephen Center                                                                                                                                                                                                                                                                                                  | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                              | (402)715-5440                                                                                               |                                                                     |
|                                                      | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Extended Residential; Adul<br>Juvenile Non-Residential Services Intervention/E<br>- Family; Juvenile Non-Residential Services Outp<br>Residential Services Intensive Outpatient Treatm | valuations; Adult Non-Residential Services Intervention/Education; Adient - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services Dt Residential Services Short Term Residential; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Content    | dult Non-Residential Ser<br>Jual Residential (MH/SA)<br>Services Substance Abus<br>venile Non-Residential S | vices Outpatient<br>); Adult<br>se Evaluations;<br>ervices Outpatie |
|                                                      | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |
| Tuttle, Paige                                        | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                              | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                              | (402)595-1338                                                                                               |                                                                     |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                     |

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

Mental Health

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                            | Address                                                                                                                                    | Phone                  | Fax             |
|---------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Tuttle, Paige             | Lutheran Family Services of NE Inc                                | 11807 Q Street Omaha NB 68137                                                                                                              | (402)595-1338          |                 |
| Substance Abuse Services: |                                                                   |                                                                                                                                            |                        |                 |
| Mental Health Services:   |                                                                   |                                                                                                                                            |                        |                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health | outpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                       | nt Therapy including F | amily Sessions- |
| Other Services:           | Sliding Fee Scale;                                                |                                                                                                                                            |                        |                 |
| Tvrdik, Gregory           |                                                                   | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114                                                                                        | (402)885-7932          | (402)281-0665   |
| Substance Abuse Services: |                                                                   | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten |                        |                 |
| Mental Health Services:   | Outpatient Therapy; Mental Health Intensive Mar                   | nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr                                                                           | ing                    |                 |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outp                       | patient Therapy - Individual-Mental Health; Outpatient Therapy - Co-oc                                                                     | ccurring               |                 |
| Other Services:           | Sliding Fee Scale;                                                |                                                                                                                                            |                        |                 |
| Tvrdik, Gregory           |                                                                   | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114                                                                                        | (402)885-7932          | (402)281-0665   |
| Substance Abuse Services: |                                                                   | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten |                        |                 |
| Mental Health Services:   | Outpatient Therapy; Mental Health Intensive Mar                   | nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr                                                                           | ing                    |                 |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outp                       | patient Therapy - Individual-Mental Health; Outpatient Therapy - Co-oc                                                                     | ccurring               |                 |
| Other Services:           | Sliding Fee Scale;                                                |                                                                                                                                            |                        |                 |
| Valle, Charles            | Community Based Services LLC                                      | 319 S 17th St., Suite 240 Omaha NB 68102                                                                                                   | (531)444-6152          |                 |
| Substance Abuse Services: |                                                                   |                                                                                                                                            |                        |                 |
| Mental Health Services:   |                                                                   |                                                                                                                                            |                        |                 |
| Juvenile Services:        | Contracted Services: Tracker; Contracted Services                 | es: Electronic Monitoring                                                                                                                  |                        |                 |
| Other Services:           | Bilingual Services;                                               |                                                                                                                                            |                        |                 |
| Valle, Charles            | Community Based Services LLC                                      | 319 S 17th St., Suite 240 Omaha NB 68102                                                                                                   | (531)444-6152          |                 |
| Substance Abuse Services: |                                                                   |                                                                                                                                            |                        |                 |
| Mental Health Services:   |                                                                   |                                                                                                                                            |                        |                 |
| Juvenile Services:        | Contracted Services: Tracker; Contracted Services                 | es: Electronic Monitoring                                                                                                                  |                        |                 |

| Name                                          | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                 | Phone                                                              | Fax                                                                       |
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| VanNortwick, Peggy                            | Douglas County Community Mental Health<br>Center                                                                                                       | 4102 Woolworth Ave Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                       | (402)444-7609                                                      | (402)996-8171                                                             |
| Substance Abuse Services:                     |                                                                                                                                                        | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ient - Co-Occurring Treatment; Adult Non-Residential Services Inten                                                                                                                                                                                                                                                             |                                                                    |                                                                           |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                           |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                           |
| VanNortwick, Peggy                            | Douglas County Community Mental Health Center                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                         | (402)444-7609                                                      | (402)996-8171                                                             |
| Substance Abuse Services:                     |                                                                                                                                                        | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>iient - Co-Occurring Treatment; Adult Non-Residential Services Inten                                                                                                                                                                                                                                                            |                                                                    |                                                                           |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                           |
| Juvenile Services:                            |                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                           |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                           |
| Vasquez-Evans, Linda                          |                                                                                                                                                        | 7701 Pacific Street, Ste 101 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                             | (402)889-6359                                                      | (402)564-7735                                                             |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin<br>(bio-psychosocial); Co-Occurring | dult Non-Residential<br>ces Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
|                                               | Outpatient: Intensive Outpatient Therapy-Mental I<br>Assessment (Medicaid); Assessment: Mental Sta                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur tus Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                        |                                                                    |                                                                           |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                           |
| Vasquez-Evans, Linda                          |                                                                                                                                                        | 7701 Pacific Street, Ste 101 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                             | (402)889-6359                                                      | (402)564-7735                                                             |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>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 Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                               | dult Non-Residential<br>ces Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
|                                               | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur                                                                                                                                                                                                                                                                 |                                                                    |                                                                           |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                 | (/,                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                           |

| Name                                                                                                                                                          | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Villatoro, Karla                                                                                                                                              | Owens Educational Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7413 North 30th Street Omaha NB 68112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)455-5067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Substance Abuse Services:<br>Mental Health Services:                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                          | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Addres                                                                                                                         | S                                                                                                  | Phone                                         | Fax                                  |
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| Walker-Vinal, Kristin                         | Sage Counseling Omaha LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13808 U St Omaha NB 68137                                                                                                      |                                                                                                    | (402)686-9856                                 |                                      |
| Substance Abuse Services:                     | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care lonitoring 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 uvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services are Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment |                                                                                                                                |                                                                                                    |                                               |                                      |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                    |                                               |                                      |
|                                               | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                | ons-Mental Health; Outpatien                                                                       | t Therapy including F                         | amily Sessions-                      |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                    |                                               |                                      |
| Washington, Harry                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1299 Farnam St Sutie 300 Omah                                                                                                  | a NB 68102                                                                                         | (402)706-0267                                 |                                      |
| Mental Health Services:<br>Juvenile Services: | Adult Non-Residential Services Care Monitoring S<br>Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                    |                                               |                                      |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                    |                                               |                                      |
| Washington, Harry                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1299 Farnam St Sutie 300 Omah                                                                                                  | a NB 68102                                                                                         | (402)706-0267                                 |                                      |
| Substance Abuse Services:                     | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring Services Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SA/MH; Adult Non-Residential Services                                                                                          | Outpatient - Groups; Adult No                                                                      | n-Residential Service                         | es Outpatient -                      |
| Mental Health Services:                       | Company means.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                |                                                                                                    |                                               |                                      |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                    |                                               |                                      |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                    |                                               |                                      |
| Wengert, Owen                                 | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2401 Lake St                                                                                                                   | Omaha NB 68111                                                                                     | (402)455-9757                                 | (402)455-0333                        |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse Ev<br>Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenile<br>Juvenile Non-Residential Services Outpatient - Fa<br>Co-Occurring Treatment; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt - Individual; Adult Non-Residential Ser<br>e Assessment Services Substance Abus<br>amily; Juvenile Non-Residential Service: | vices Outpatient - Co-Occurri<br>se Evaluations; Juvenile Non-I<br>s Outpatient - Individual; Juve | ng Treatment; Adult l<br>Residential Services | Non-Residential<br>Outpatient - Grou |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                    |                                               |                                      |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                    |                                               |                                      |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                    |                                               |                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                                             |                                                                                                                      | Address                                                                                                                           | Phone                                        | Fax                                        |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------|
| Wengert, Owen             | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                 | 2401 Lake St                                                                                                         | Omaha NB 68111                                                                                                                    | (402)455-9757                                | (402)455-0333                              |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex<br>Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenil<br>Juvenile Non-Residential Services Outpatient - F<br>Co-Occurring Treatment; Juvenile Non-Resident                                          | nt - Individual; Adult Non-Re<br>le Assessment Services Sub<br><sup>-</sup> amily; Juvenile Non-Resider              | sidential Services Outpatient - Co-Occur<br>stance Abuse Evaluations; Juvenile Nor<br>tial Services Outpatient - Individual; Juv  | ring Treatment; Adul                         | t Non-Residential<br>s Outpatient - Groups |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                   |                                              |                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                   |                                              |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                                   |                                              |                                            |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                                                                                                                               | 835 S Burlington Ste 1                                                                                               | 5 Hastings NB 68901                                                                                                               | (308)383-1622                                |                                            |
|                           | Adult Assessment Services Substance Abuse Ex<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; J<br>Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Resio<br>Services Substance Abuse E<br>uvenile Non-Residential Sen<br>Co-Occurring Treatment | ential Services Outpatient - Individual; A<br>valuations; Juvenile Non-Residential Se<br>rices Outpatient - Family; Juvenile Non- | Adult Non-Residential rvices Intervention/Ed | Services Outpatient ducation; Juvenile     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring<br>Sliding Fee Scale;                                                                                                                                                                         | outpatient Therapy including                                                                                         | Group Sessions-Mental Health; Outpation                                                                                           | ent Therapy including                        | Family Sessions-                           |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                                                                                                                               | 835 S Burlington Ste 1                                                                                               | 5 Hastings NB 68901                                                                                                               | (308)383-1622                                |                                            |
|                           | Adult Assessment Services Substance Abuse Ex<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment      | ent - Family; Adult Non-Resic<br>Services Substance Abuse E<br>uvenile Non-Residential Sen<br>Co-Occurring Treatment | ential Services Outpatient - Individual; A<br>valuations; Juvenile Non-Residential Se<br>rices Outpatient - Family; Juvenile Non- | Adult Non-Residential rvices Intervention/Ed | Services Outpatient lucation; Juvenile     |
|                           | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                   | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                                                              | •                                                                                                                                 | ent Thorony including                        | Family Cassians                            |
| Juvernie Services.        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                                   | int Therapy including                        | railily Sessions-                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                 | •                                                                                                                    | •                                                                                                                                 |                                              |                                            |
| Whitehead, Daniel         |                                                                                                                                                                                                                                                                                                    | 1941 South 42nd Stree                                                                                                | Suite 536 Omaha NB 68105                                                                                                          | (402)958-5663                                |                                            |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                       | valuations; Adult Non-Reside                                                                                         | ntial Services Outpatient - Individual                                                                                            |                                              |                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occu                                                                                          | rring                                                                                                                             |                                              |                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                   |                                              |                                            |

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                          | Fax                                    |
|---------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Whitehead, Daniel         |                                                                                                    | 1941 South 42nd Street Suite 536 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)958-5663                                  |                                        |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                       | raluations; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                        |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| Wiedel, Karla             | Lincoln Medical Education Partnership                                                              | 4600 Valley Road Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)327-6822                                  | (402)483-4594                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S   | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - | Adult Non-Residentia<br>rvices Intervention/Ed | Services Outpatient ducation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpation thental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ent Therapy - Co-occ                           | urring; Assessment:                    |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Adult Non-Residentia<br>rvices Intervention/Ed | Services Outpatient ducation; Juvenile |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpation in the status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ent Therapy - Co-occ                           | urring; Assessment:                    |
| 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<br>Outpatient - Co-Occurring Treatment; Adult Non- | raluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Residential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                        |
| Juvenile Services:        | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial), Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                        |
|                           | Cliding Foo Cooley                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| 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<br>Outpatient - Co-Occurring Treatment; Adult Non- | raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Residential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                        |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                       | (Dio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                        |
| Juvenile Services:        | 0                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |

| Name                                                                       | Agency                                                                                 | Address                                                                                                                           | Phone                    | Fax               |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
| Younker-Schifferns, Holli                                                  | Lutheran Family Services of NE Inc                                                     | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                        | (402)292-9102            |                   |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                           | (bio-psychosocial); Adults who Sexually Harm Evaluation                                                                           |                          |                   |
| Other Services:                                                            | Sliding Fee Scale;                                                                     |                                                                                                                                   |                          |                   |
| Younker-Schifferns, Holli                                                  | Lutheran Family Services of NE Inc                                                     | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                        | (402)292-9102            |                   |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:     | Outpatient Therapy; Pre-Treatment Assessment                                           | (bio-psychosocial); Adults who Sexually Harm Evaluation                                                                           |                          |                   |
| Other Services:                                                            | Sliding Fee Scale;                                                                     |                                                                                                                                   |                          |                   |
| Zoucha, Kenneth                                                            | UNMC Physicians Corporation                                                            | 4239 Farnam St #710 Omaha NB 68131                                                                                                | (402)552-6002            | (402)552-6773     |
| Substance Abuse Services:                                                  |                                                                                        | Evaluations; Juvenile Non-Residential Services Intervention/Edual Services Outpatient - Individual; Juvenile Non-Residential Serv |                          |                   |
| Mental Health Services:                                                    |                                                                                        |                                                                                                                                   |                          |                   |
|                                                                            | Medication Management; Assessment: Co-Occu                                             | aid); Assessment: Outpatient Psychiatric Evaluation; Assessmen rring                                                              | t: Mental Status Exam (N | MSE); Assessment: |
| Other Services:                                                            | Bilingual Services;                                                                    |                                                                                                                                   |                          |                   |
| Zoucha, Kenneth                                                            | UNMC Physicians Corporation                                                            | 4239 Farnam St #710 Omaha NB 68131                                                                                                | (402)552-6002            | (402)552-6773     |
| Substance Abuse Services:                                                  |                                                                                        | Evaluations; Juvenile Non-Residential Services Intervention/Edual Services Outpatient - Individual; Juvenile Non-Residential Serv |                          |                   |
| Mental Health Services:                                                    |                                                                                        |                                                                                                                                   |                          |                   |
| Juvenile Services:                                                         | Assessment: Pre-Treatment Assessment (Medic Medication Management; Assessment: Co-Occu | aid); Assessment: Outpatient Psychiatric Evaluation; Assessmen rring                                                              | t: Mental Status Exam (N | MSE); Assessment: |
| Other Services:                                                            | Bilingual Services;                                                                    |                                                                                                                                   |                          |                   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                               | Address                                                                                                                                                                                                                                                                        | Phone                                                                                          | Fax                                            |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------|
| Avalos, Mayra             | Region II- Human Services                                                                                                            | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                | (308)324-6754                                                                                  | (308)324-5518                                  |
| Substance Abuse Services: |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Mental Health Services:   |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
|                           | Non-Treatment: Professional Partner                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Benesch, Kevin            | HopeSpoke                                                                                                                            | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                     | (402)475-7666                                                                                  | (402)476-9623                                  |
| Substance Abuse Services: |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Mental Health Services:   |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Juvenile Services:        |                                                                                                                                      | Harm; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wessment: Psychological Evaluation; Assessment: Juvenile Who Se                                                                                                                                                 |                                                                                                |                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                   |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Crawford, Makayla         | Region II- Human Services                                                                                                            | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                          | (308)284-6767                                                                                  | (308)284-3084                                  |
| Substance Abuse Services: |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Mental Health Services:   |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
|                           | Non-Treatment: Professional Partner                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Other Services:           | Bilingual Services;                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Fisher, Joel              | Region II- Human Services                                                                                                            | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                       | (308)539-1387                                                                                  | (308)532-115                                   |
| Substance Abuse Services: |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Mental Health Services:   |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Biling                                                                                          | ual Services;                                                                                                                                                                                                                                                                  |                                                                                                |                                                |
| Gill, Janeen              | Serenity Counseling Services                                                                                                         | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                       | (308)737-1351                                                                                  |                                                |
| Substance Abuse Services: |                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                |                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assess                                                                                             | ment (bio-psychosocial); Co-Occurring; Adults who Sexually Harn                                                                                                                                                                                                                | n Evaluation                                                                                   |                                                |
| Juvenile Services:        |                                                                                                                                      | ; Outpatient Therapy - Individual-Mental Health; Outpatient Therap<br>ons-Mental Health; Outpatient Therapy - Eating Disorder; Day Tre                                                                                                                                         | , , ,                                                                                          | ,                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                   | sessment. Wental status Exam (WOL)                                                                                                                                                                                                                                             |                                                                                                |                                                |
| Johnson, Jill             | Bryan Independence Center                                                                                                            | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                 | (402)481-5392                                                                                  |                                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient<br>Adult Non-Residential Services Outpatient<br>Dual Residential (MH/SA); Adult Residentia | use Evaluations; Adult Non-Residential Services Intervention/Educ<br>- Groups; Adult Non-Residential Services Outpatient - Family; Adu<br>- Co-Occurring Treatment; Adult Non-Residential Services Intensi<br>al Services Short Term Residential; Juvenile Assessment Services | ult Non-Residential Services (<br>ve Outpatient Treatment; Adu<br>s Substance Abuse Evaluation | Dutpatient - Individult<br>Ilt Residential Ser |

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

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

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                                      | Agency                                                                                         | Address                                                                                                                          | Phone                                                            | Fax                                   |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|
|                                                                                           | Services Outpatient - Co-Occurring Trea<br>Care: Juvenile Residential Services Sho             | tment; Juvenile Non-Residential Services Intensive Outpatient Trea                                                               | atment; Juvenile Non-Resident                                    | al Services Partial                   |
| Mental Health Services:                                                                   | •                                                                                              |                                                                                                                                  |                                                                  |                                       |
| Juvenile Services:                                                                        |                                                                                                |                                                                                                                                  |                                                                  |                                       |
| Other Services:                                                                           | Bilingual Services;                                                                            |                                                                                                                                  |                                                                  |                                       |
| Jones, James                                                                              | Community Justice Center                                                                       | PO Box 22746 Lincoln NB 68542                                                                                                    | (402)429-1050                                                    |                                       |
| Substance Abuse Services:                                                                 |                                                                                                |                                                                                                                                  |                                                                  |                                       |
| Mental Health Services:                                                                   | Outpatient Therapy                                                                             |                                                                                                                                  |                                                                  |                                       |
|                                                                                           | : Non-Treatment: Day Reporting; Non-Tre                                                        | atment: General Education Class                                                                                                  |                                                                  |                                       |
| Other Services:                                                                           | Sliding Fee Scale;                                                                             |                                                                                                                                  |                                                                  |                                       |
| Martin, Kelly                                                                             | Touchstone                                                                                     | 2633 P St Lincoln NB 68503                                                                                                       | (402)474-4343                                                    | (402)474-6957                         |
| Substance Abuse Services:                                                                 | : Adult Residential Services Short Term R                                                      | esidential                                                                                                                       |                                                                  |                                       |
| Mental Health Services:                                                                   | :                                                                                              |                                                                                                                                  |                                                                  |                                       |
| Juvenile Services:                                                                        | :                                                                                              |                                                                                                                                  |                                                                  |                                       |
| 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<br>Co-Occurring Treatment; Juvenile Asses               | •                                                                                                                                | dividual; Adult Non-Residential dential Services Intervention/Ed | Services Outpatien ducation; Juvenile |
| Juvenile Services:                                                                        |                                                                                                | lealth; Outpatient Therapy including Group Sessions-Mental Health occurring; Assessment: Pre-Treatment Assessment (Medicaid); As |                                                                  |                                       |
|                                                                                           | Co-Occurring                                                                                   |                                                                                                                                  |                                                                  |                                       |
| Other Services:                                                                           |                                                                                                |                                                                                                                                  |                                                                  |                                       |
|                                                                                           | Co-Occurring                                                                                   | 307 East 5th Lexington NB 68850                                                                                                  | (308)324-6754                                                    |                                       |
|                                                                                           | Co-Occurring Sliding Fee Scale; Region II- Human Services                                      | 307 East 5th Lexington NB 68850                                                                                                  | (308)324-6754                                                    |                                       |
| Romero, Ana                                                                               | Co-Occurring Sliding Fee Scale; Region II- Human Services                                      | 307 East 5th Lexington NB 68850                                                                                                  | (308)324-6754                                                    |                                       |
| Romero, Ana<br>Substance Abuse Services:<br>Mental Health Services:                       | Co-Occurring Sliding Fee Scale; Region II- Human Services                                      | 307 East 5th Lexington NB 68850                                                                                                  | (308)324-6754                                                    |                                       |
| Romero, Ana<br>Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Co-Occurring Sliding Fee Scale; Region II- Human Services                                      |                                                                                                                                  | (308)324-6754                                                    |                                       |
| Romero, Ana Substance Abuse Services: Mental Health Services: Juvenile Services:          | Co-Occurring Sliding Fee Scale; Region II- Human Services  Non-Treatment: Professional Partner |                                                                                                                                  | (308)324-6754<br>(417)413-0085                                   | (308)832-4844                         |

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                     | Address                                                                                                                                                                        | Phone         | Fax           |
|---------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Other Services:           | Therapy-Youth Who Sexually Harm; Assessmen | outh Who Sexually Harm; Outpatient Therapy - Co-occurring; Intent: Pre-Treatment Assessment (Medicaid); Assessment: Mental Stat Harm Risk Assessment; Assessment: Co-Occurring |               |               |
| Vak, Ashley               | Region II- Human Services                  | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                       | (308)532-4860 | (308)532-1157 |
| Substance Abuse Services: |                                            |                                                                                                                                                                                |               |               |
| Mental Health Services:   |                                            |                                                                                                                                                                                |               |               |
| Juvenile Services:        | Non-Treatment: Professional Partner        |                                                                                                                                                                                |               |               |
| Other Services:           | Sliding Fee Scale;                         |                                                                                                                                                                                |               |               |
| White, Sarah              | Region II- Human Services                  | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                       | (308)532-4860 | (308)532-1157 |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                  | Fax                                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Austen, Robin             | Region V Systems-Behavioral Health<br>Authority                                                                                                                                                                                       | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)471-4326                                                                                                          |                                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| 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: |                                                                                                                                                                                                                                       | valuations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential S                                                                                                 | Services Outpatient -                                                                                                 |
| Montal Health Sandage     | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                          | ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                       |
|                           | Non-Treatment: Anger Management Class; Non-                                                                                                                                                                                           | Treatment: General Education Class; Outpatient Therapy - Individua<br>ient Therapy including Family Sessions-Mental Health; Outpatient Th                                                                                                                                                                                                                                                                                                                                                  | I-Mental Health; Outp                                                                                                  | patient Therapy                                                                                                       |
|                           |                                                                                                                                                                                                                                       | nent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                       | ierapy - Eating Disort                                                                                                 | ier, Outpatient                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                                                       |
| Doehling, Raechel         | Houses of Hope                                                                                                                                                                                                                        | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)435-3165                                                                                                          |                                                                                                                       |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)481-5392                                                                                                          |                                                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substatenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | tesidential Services Catient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services Or<br>ng Treatment; Juvenil | Outpatient - Individual;<br>It Residential Services<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                       |
| Jones, James              | Community Justice Center                                                                                                                                                                                                              | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)429-1050                                                                                                          |                                                                                                                       |

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                | Fax                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| Lemke, Jocelyn            | Lemke Michels Psychotherapy - Michelle<br>Lemke PC                                                                                                                                                      | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                                                                                                                                                               | (402)759-3802                                                        | (402)759-3803                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                         | stensive Outpatient: Intensive Outpatient Therapy-Mental Health; Asse                                                                                                                                                                                                                                                                                                                       | essment: Pre-Treatm                                                  | nent Assessment                                                       |
| Other Services:           | (Medicaid); Assessment: Mental Status Exam (M<br>Sliding Fee Scale;                                                                                                                                     | ISE)                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                       |
| Martin, Kelly             | Touchstone                                                                                                                                                                                              | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                  | (402)474-4343                                                        | (402)474-6957                                                         |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                        | al                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                       |
| McNichols, Stephanie      |                                                                                                                                                                                                         | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                      | (402)440-6496                                                        |                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                        | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial): Co-Occurring | dult Non-Residential<br>es Substance Abusen-<br>n-Residential Servic | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
|                           | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                 | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                         | nt Therapy including                                                 | Family Sessions-                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      | 9                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                       |
| Michels, Stacey           | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                                                                                                      | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                                                                                                                                                               | (402)759-3802                                                        | (402)759-3803                                                         |
|                           | Individual; Adult Non-Residential Services Outpa<br>Assessment Services Substance Abuse Evaluati<br>Family; Juvenile Non-Residential Services Outpa<br>Residential Services Intensive Outpatient Treatm |                                                                                                                                                                                                                                                                                                                                                                                             | sive Outpatient Trea<br>nile Non-Residential                         | tment; Juvenile<br>Services Outpatient -                              |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | , , ,                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                       |
|                           | Outpatient Therapy - Eating Disorder; Outpatient Outpatient: Intensive Outpatient- Eating Disorder (Medicaid); Assessment: Outpatient Psychiatric I                                                     | patient Therapy - Individual-Mental Health; Outpatient Therapy including<br>Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Mental Status Exam (MSE)                                                                                                                                                                                   | nerapy-Mental Healt                                                  | h; Intensive                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

(Medicaid)
Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                      | Address                                                                                                                                                                                        | Phone                   | Fax                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| Nichols, Kayla            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                          | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                       | (402)261-9273           |                     |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; C<br>Outpatient Therapy - Eating Disorder                                                     | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in                                                                                                                           | ncluding Family Session | ons-Mental Health;  |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                |                         |                     |
| Prater, Jackie            | HopeSpoke                                                                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                     | (402)475-7666           | (402)476-9623       |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Juvenile Services:        |                                                                                                                                             | Outpatient Therapy including Family Sessions-Mental Health; Day To                                                                                                                             | reatment Day Treatme    | nt-Mental Health;   |
| Other Services:           | Assessment: Pre-Treatment Assessment (Medic Sliding Fee Scale; Hearing Impaired; Bilingual Sc                                               |                                                                                                                                                                                                |                         |                     |
| Schmidt, Sharon           | The Resolution Center                                                                                                                       | 120 South 5th Street Beatrice NB 68310                                                                                                                                                         | (402)223-6061           | (402)223-6625       |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
|                           |                                                                                                                                             | onflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                            | nce                     |                     |
| 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<br>Residential Services Outpatient - Groups; Juveni                                       | valuations; Adult Non-Residential Services Outpatient - Groups; Ad<br>sive Outpatient Treatment; Juvenile Assessment Services Substanc<br>ile Non-Residential Services Outpatient - Individual | ce Abuse Evaluations;   | Juvenile Non-       |
|                           |                                                                                                                                             | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluoutpatient Therapy including Group Sessions-Mental Health; Outpat                                                              |                         |                     |
|                           | Mental Health; Outpatient Therapy - Youth Who<br>Who Sexually Harm; Assessment: Pre-Treatmen<br>Assessment: Juvenile Who Sexually Harm Risk | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpath Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                 | atient: Intensive Outpa | tient Therapy-Youth |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                |                         |                     |
| Stokebrand, Tera          | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                                          | 942 N 13th St Geneva NB 68361                                                                                                                                                                  | (402)230-9130           |                     |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                |                         |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                            | Outpatient Therapy including Family Sessions-Mental Health; Asses                                                                                                                              | sment: Pre-Treatment    | Assessment          |

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| Name                                                                                                                                                                                                                             | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                  | Fax                                                                                                                    |
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| Threats, Deb                                                                                                                                                                                                                     | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600 North Cotne                                                                                                                                                                                                                                                                                                                    | r, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)261-6667                                                                                                                                                                                          | (402)261-6526                                                                                                          |
| Substance Abuse Services:                                                                                                                                                                                                        | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Adult Non-Residential                                                                                                                                                                                  | Services Outpatient                                                                                                    |
| Mental Health Services:                                                                                                                                                                                                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | int - Fairing, Addit No                                                                                                                                                                                                                                                                                                            | in residential dervices outpatient - marvidual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                        |                                                                                                                        |
| 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 Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |                                                                                                                        |
| Mental Health Services:                                                                                                                                                                                                          | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (bio-psychosocial); (                                                                                                                                                                                                                                                                                                              | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |                                                                                                                        |
| Juvenile Services:                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                        |
| Other Services:                                                                                                                                                                                                                  | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                        |
| Weber, Kristi                                                                                                                                                                                                                    | Nebraska Mental Health Centers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4545 S 86th St                                                                                                                                                                                                                                                                                                                     | Lincoln NB 68520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)759-3802                                                                                                                                                                                          | (402)759-3803                                                                                                          |
| Substance Abuse Services:                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                        |
| Mental Health Services:                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                        |
| ivientai neatti Services.                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                        |
|                                                                                                                                                                                                                                  | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Asses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient Psychiatric E                                                                                                                                                                               | Evaluation;                                                                                                            |
| Juvenile Services:                                                                                                                                                                                                               | Outpatient Therapy - Individual-Mental Health; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient Psychiatric E                                                                                                                                                                               | Evaluation;                                                                                                            |
| Juvenile Services:                                                                                                                                                                                                               | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Asses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                    | anagement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Outpatient Psychiatric E                                                                                                                                                                               | Evaluation;<br>(402)759-3803                                                                                           |
| Juvenile Services: Other Services: Weber, Kristi                                                                                                                                                                                 | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assessibling Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | sment: Medication M<br>942 N 13th Gen                                                                                                                                                                                                                                                                                              | anagement<br>eva NB 68361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)759-3802                                                                                                                                                                                          | ,                                                                                                                      |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services:                                                                                                                                                       | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Weber Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sment: Medication M 942 N 13th Gen valuations; Adult Non                                                                                                                                                                                                                                                                           | eva NB 68361 -Residential Services Outpatient - Co-Occurrir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)759-3802<br>ng Treatment                                                                                                                                                                          | ,                                                                                                                      |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services:                                                                                                                               | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Weber Behavioral Health Adult Assessment Services Substance Abuse Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 942 N 13th Gen  //aluations; Adult Non inile Pre-Treatment A utpatient Therapy inc                                                                                                                                                                                                                                                 | eva NB 68361  -Residential Services Outpatient - Co-Occurrinussessment (PTA); Pre-Treatment Assessment cluding Family Sessions-Mental Health; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)759-3802 ng Treatment t (bio-psychosocial) sment: Pre-Treatment                                                                                                                                   | (402)759-3803<br>Assessment                                                                                            |
| Juvenile Services:  Other Services:  Weber, Kristi  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                       | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assessibilities Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Exoutpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 942 N 13th Gen  //aluations; Adult Non inile Pre-Treatment A utpatient Therapy inc                                                                                                                                                                                                                                                 | eva NB 68361  -Residential Services Outpatient - Co-Occurrinussessment (PTA); Pre-Treatment Assessment cluding Family Sessions-Mental Health; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)759-3802 ng Treatment t (bio-psychosocial) sment: Pre-Treatment                                                                                                                                   | (402)759-3803<br>Assessment                                                                                            |
| Juvenile Services:  Other Services:  Weber, Kristi  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                       | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assessibilities Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Exoutpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Outpatient Psychiatric Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the Individual Control of the In | 942 N 13th Gen<br>yaluations; Adult Non<br>enile Pre-Treatment A<br>utpatient Therapy ind<br>Evaluation; Assessm                                                                                                                                                                                                                   | eva NB 68361  -Residential Services Outpatient - Co-Occurrinussessment (PTA); Pre-Treatment Assessment cluding Family Sessions-Mental Health; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)759-3802 ng Treatment t (bio-psychosocial) sment: Pre-Treatment                                                                                                                                   | (402)759-3803<br>Assessment                                                                                            |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                                                                            | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Exoutpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Outpatient Psychiatric Issuiding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 942 N 13th Gen yaluations; Adult Non enile Pre-Treatment A utpatient Therapy inc Evaluation; Assessm  835 S Burlington yaluations; Adult Non ent - Family; Adult No cervices Substance A uvenile Non-Residen                                                                                                                       | eva NB 68361  -Residential Services Outpatient - Co-Occurring Assessment (PTA); Pre-Treatment Assessment Cluding Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessment:  - Ste 115 Hastings NB 68901  -Residential Services Intervention/Education; Assessmential Services Outpatient - Individual; Abuse Evaluations; Juvenile Non-Residential Status Evaluations; Juvenile Non-Residential Status Evaluations; Juvenile Non-Residential Status Evaluations; Juvenile Non-Residential Status Evaluations; Juvenile Non-Residential Status Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - F | (402)759-3802  Ing Treatment It (bio-psychosocial) Isment: Pre-Treatment Medication Manageme  (308)383-1622  Adult Non-Residential Adult Non-Residential Adult Non-Residential                         | (402)759-3803  Assessment ent  Services Outpatient Services Outpatient ducation; Juvenile                              |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services:                                                      | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assessibilities Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Exoutpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Outpatient Psychiatric Is Sliding Fee Scale;  Horizon Recovery & Counseling Center  Adult Assessment Services Substance Abuse Exorups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Assessment - Groups; Juvenile Assessment - Groups; Juvenile Assessment - Groups;  | 942 N 13th Gen yaluations; Adult Non enile Pre-Treatment A utpatient Therapy inc Evaluation; Assessm  835 S Burlington yaluations; Adult Non ent - Family; Adult No cervices Substance A uvenile Non-Residen Co-Occurring Treatme                                                                                                  | eva NB 68361  -Residential Services Outpatient - Co-Occurringsessment (PTA); Pre-Treatment Assessment cluding Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessment:  - Ste 115 Hastings NB 68901  -Residential Services Intervention/Education; Application on Residential Services Outpatient - Individual; Abuse Evaluations; Juvenile Non-Residential Statistical Services Outpatient - Family; Juvenile Nonent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)759-3802  Ing Treatment It (bio-psychosocial) Isment: Pre-Treatment Medication Manageme  (308)383-1622  Adult Non-Residential Adult Non-Residential ervices Intervention/Ec                       | (402)759-3803  Assessment ent  Services Outpatient ducation; Juvenile                                                  |
| Juvenile Services:  Other Services:  Weber, Kristi  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  White, Lisa  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assessibilities Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Exoutpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Outpatient Psychiatric Is Sliding Fee Scale;  Horizon Recovery & Counseling Center  Adult Assessment Services Substance Abuse Exorups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - Co-Occurring Treatment; Services Outpatient - | 942 N 13th Gen yaluations; Adult Non inile Pre-Treatment A utpatient Therapy ind Evaluation; Assessm  835 S Burlington yaluations; Adult Non ent - Family; Adult Non ent - Family; Adult Non ent - Family; Adult Non ent - Family; Adult Non coverile Non-Residen Co-Occurring Treatme (bio-psychosocial); Coutpatient Therapy inc | eva NB 68361  -Residential Services Outpatient - Co-Occurring Assessment (PTA); Pre-Treatment Assessment Cluding Family Sessions-Mental Health; Assessent: Mental Status Exam (MSE); Assessment:  - Ste 115 Hastings NB 68901  -Residential Services Intervention/Education; Ann-Residential Services Outpatient - Individual; Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Nonent Co-Occurring Cluding Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)759-3802  Ing Treatment It (bio-psychosocial) Isment: Pre-Treatment Medication Manageme  (308)383-1622  Adult Non-Residential Adult Non-Residential ervices Intervention/Edi-Residential Services | (402)759-3803  Assessment ent  Services Outpatient I Services Outpatient ducation; Juvenile Outpatient - Individuation |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                        |               | Address           | Phone                 | Fax                  |
|---------------------------|-----------------------------------------------------------------------------------------------|---------------|-------------------|-----------------------|----------------------|
| White, Nichole            | Blue Valley Behavioral Health                                                                 | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386         |                      |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatie | ,             | •                 | ult Non-Residential S | ervices Outpatient - |
| Mental Health Services:   |                                                                                               | •             | ·                 |                       |                      |
| Juvenile Services         |                                                                                               |               |                   |                       |                      |

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#### **Registered Service Providers for County: Franklin**

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                  | Fax                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                                                                                                                             | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (308)224-3338                                                                                                          |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foste Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                              | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Fam                                                                                                     | ily Support Worker;                                                                                                 |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)564-9994                                                                                                          | (402)562-6458                                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                      | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Hargis, Kirsten           | Pathfinder Support Services                                                                                                                                                                                                           | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)460-9851                                                                                                          |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
|                           |                                                                                                                                                                                                                                       | eatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Tre                                                                                                                                                                                                                                                                                                                                                                                                                            | atment: Family Partr                                                                                                   | ner                                                                                                                 |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                          |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ace Abuse Evaluation<br>esidential Services O<br>ag Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Jones, James              | Community Justice Center                                                                                                                                                                                                              | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)429-1050                                                                                                          |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |

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#### **Registered Service Providers for County: Franklin**

| 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<br>Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance / le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations;                            | Juvenile Non-                               |
|                      | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who       | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A                                                       | nt Therapy including<br>ent: Intensive Outpar | Family Sessions-<br>ient Therapy-Youth      |
| Other Services:      | Sliding Fee Scale;                                                                                    | ,                                                                                                                                                                                                                                                                |                                               |                                             |
| White, Lisa          | Horizon Recovery & Counseling Center                                                                  | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                                                       | (308)383-1622                                 |                                             |
|                      | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S      | •                                                                                                                                                                                                                                                                | dult Non-Residentia                           | Services Outpatient -<br>ducation; Juvenile |
| Juvenile Services:   | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring    | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                              | nt Therapy including                          | Family Sessions-                            |
| Other Services:      | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                  |                                               |                                             |

#### **Registered Service Providers for County: Frontier**

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                 | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                       | Phone              | Fax                 |  |  |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|--|--|
| Andrews, Megan                                       | Boys Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                    | (308)224-3338      |                     |  |  |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                    |                     |  |  |
|                                                      | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                              | Non-Treatment: Fam | ily Support Worker; |  |  |
| Avalos, Mayra                                        | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 307 East 5th Lexington NB 68850                                                                                                                                               | (308)324-6754      | (308)324-5518       |  |  |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                    |                     |  |  |
|                                                      | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                    |                     |  |  |
| Other Services.                                      | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               |                    |                     |  |  |
| Benesch, Kevin                                       | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                    | (402)475-7666      | (402)476-9623       |  |  |
| Substance Abuse Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                    |                     |  |  |
| Mental Health Services:                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                    |                     |  |  |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually He                                          |                    |                     |  |  |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                    |                     |  |  |
| Brandyberry, Kyle                                    | Heartland Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                | (308)534-6029      | (308)534-6961       |  |  |
|                                                      | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment |                                                                                                                                                                               |                    |                     |  |  |
|                                                      | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                    |                     |  |  |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A<br>SE); Assessment: Co-Occurring |                    |                     |  |  |
| Other Services:                                      | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                    |                     |  |  |
| Other Services.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                    |                     |  |  |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Bilingual Services;

#### **Registered Service Providers for County: Frontier**

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

|                           | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                  | Fax                                                                                                             |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| isher, Joel               | Region II- Human Services                                                                                                                                                                                                                                          | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)539-1387                                                                                                          | (308)532-1157                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                  | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                 |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                                                       | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)737-1351                                                                                                          |                                                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Mental Health Services: ( | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                                                                                                                                                                                                                                                          | ion                                                                                                                    |                                                                                                                 |
| (<br>                     |                                                                                                                                                                                                                                                                    | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da<br>nent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                 |
|                           | Greater Nebraska Monitoring, LLC                                                                                                                                                                                                                                   | 105 W. 6th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)520-8308                                                                                                          |                                                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
|                           | Contracted Services: Electronic Monitoring                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Johnson, Jill I           | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                          |                                                                                                                 |
| ,<br>,<br>,<br>,<br>,     | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction Treatment; Adult Non-Residential Services Intensive Outparices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Reduividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services O<br>tient Treatment; Adul<br>ce Abuse Evaluation<br>sidential Services Ou<br>g Treatment; Juvenil | outpatient - Individua<br>It Residential Servic<br>s; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Other Services: 1         | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                 |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)429-1050                                                                                                          |                                                                                                                 |

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

#### **Registered Service Providers for County: Frontier**

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                   | Agency                                                                                            | Address                                                                                                                                                                                                                                      | Phone                        | Fax               |  |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|--|
| Martin, Kelly                                                          | Touchstone                                                                                        | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                   | (402)474-4343                | (402)474-6957     |  |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Residential Services Short Term Residen                                                     | ntial                                                                                                                                                                                                                                        |                              |                   |  |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                              |                              |                   |  |
| Romero, Ana                                                            | Region II- Human Services                                                                         | 307 East 5th Lexington NB 68850                                                                                                                                                                                                              | (308)324-6754                |                   |  |
| Substance Abuse Services:                                              |                                                                                                   |                                                                                                                                                                                                                                              |                              |                   |  |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                                              |                              |                   |  |
| Juvenile Services:                                                     | Non-Treatment: Professional Partner                                                               |                                                                                                                                                                                                                                              |                              |                   |  |
| Other Services:                                                        | Sliding Fee Scale; Hearing Impaired; Bilingual                                                    | Services;                                                                                                                                                                                                                                    |                              |                   |  |
| Stermensky, Dr. Gage                                                   |                                                                                                   | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                           | (417)413-0085                | (308)832-4844     |  |
|                                                                        | Individual; Adult Non-Residential Services Inte<br>Residential Services Outpatient - Groups; Juve | Evaluations; Adult Non-Residential Services Outpatient - Grounsive Outpatient Treatment; Juvenile Assessment Services Suenile Non-Residential Services Outpatient - Individual nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | bstance Abuse Evaluations;   | Juvenile Non-     |  |
| Juvenile Services:                                                     | Mental Health; Outpatient Therapy - Youth Wh                                                      | Outpatient Therapy including Group Sessions-Mental Health; to Sexually Harm; Outpatient Therapy - Co-occurring; Intensive ent Assessment (Medicaid); Assessment: Mental Status Exam k Assessment: Assessment: Co-Occurring                   | Outpatient: Intensive Outpat | ient Therapy-Yout |  |
| Other Services:                                                        | Sliding Fee Scale;                                                                                | <b>3</b>                                                                                                                                                                                                                                     |                              |                   |  |
| Vak, Ashley                                                            | Region II- Human Services                                                                         | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                     | (308)532-4860                | (308)532-1157     |  |
| Substance Abuse Services:                                              |                                                                                                   |                                                                                                                                                                                                                                              |                              |                   |  |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                                              |                              |                   |  |
| Juvenile Services:                                                     | Non-Treatment: Professional Partner                                                               |                                                                                                                                                                                                                                              |                              |                   |  |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                              |                              |                   |  |
| White, Sarah                                                           | Region II- Human Services                                                                         | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                     | (308)532-4860                | (308)532-1157     |  |
| Substance Abuse Services:                                              |                                                                                                   |                                                                                                                                                                                                                                              |                              |                   |  |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                                              |                              |                   |  |

Juvenile Services: Non-Treatment: Professional Partner

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                               | Fax                                                                                                                   |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                                                                                                                                                          | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)224-3338                                                                                                       |                                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                                                                                                                                                                            | Non-Treatment: Fam                                                                                                  | ily Support Worker;                                                                                                   |
| Other Services:           | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services;                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)564-9994                                                                                                       | (402)562-6458                                                                                                         |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                   | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                                                                          | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)475-7666                                                                                                       | (402)476-9623                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexualstric: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                                                       | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)737-1351                                                                                                       |                                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                                                                                                                                                                                                                                                          | ion                                                                                                                 |                                                                                                                       |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Mo                                                                                                                                                                                                                    | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                       |
| Other Services:           | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale;                                                                                                                                                                                                    | ent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                       |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                       |                                                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reducting Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantenile Non-Residential Services Outpatient - Groups; Juvenile Non-Reductional; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual;<br>ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |

Mental Health Services:

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                     | Phone                 | Fax                 |  |  |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|--|--|--|
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Other Services:           | 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:        | on-Treatment: Day Reporting; Non-Treatment: General Education Class                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                                                                                                                                           | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                           | (308)284-4491         | (308)284-4100       |  |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                                                                                                       | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                          | (417)413-0085         | (308)832-4844       |  |  |  |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual |                                                                                                                                                                                                                                             |                       |                     |  |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                          | t (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluate                                                                                                                                                                       | ion; Psychological E  | valuation           |  |  |  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                                                                                                                                                                         | Outpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatint Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | tient Therapy-Youth |  |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                           |                       |                     |  |  |  |

| Name                                               | Agency                                                                                                                                      |                                                                       | Address                                                                                                                                                                                                            | Phone                                     | Fax                                     |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|
| Austen, Robin                                      | Region V Systems-Behavioral Health<br>Authority                                                                                             | 1645 N Street                                                         | Lincoln NB 68508                                                                                                                                                                                                   | (402)471-4326                             |                                         |
| Substance Abuse Services:                          | •                                                                                                                                           |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |
| Mental Health Services:                            |                                                                                                                                             |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                                                                         |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                          |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |
| Betka, Cindy                                       | FGH Inc                                                                                                                                     | 942 N 13th St.                                                        | Geneva NB 68361                                                                                                                                                                                                    | (402)879-5959                             | (402)759-3803                           |
|                                                    | Adult Assessment Services Substance Abuse E<br>Groups; Adult Non-Residential Services Outpat<br>Outpatient Therapy; Pre-Treatment Assessmen | ient - Family; Adult N                                                | on-Residential Services Intervention/Education; Ad<br>Non-Residential Services Outpatient - Individual                                                                                                             | dult Non-Residential                      | Services Outpatient                     |
|                                                    |                                                                                                                                             | tient Therapy includ                                                  | Il Education Class; Outpatient Therapy - Individua<br>ing Family Sessions-Mental Health; Outpatient Th<br>Medicaid); Assessment: Co-Occurring                                                                      |                                           |                                         |
| Bonebright, Lori                                   | Recovery Center                                                                                                                             | 3200 O St Ste                                                         | 5 Lincoln NB 68510                                                                                                                                                                                                 | (402)742-9616                             | (402)742-9116                           |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpat<br>Outpatient Treatment; Juvenile Assessment Se                                               | ient - Family; Adult N<br>rvices Substance Ab<br>nile Non-Residential | on-Residential Services Intervention/Education; Ad<br>Non-Residential Services Outpatient - Individual; A<br>puse Evaluations; Juvenile Non-Residential Servic<br>Services Outpatient - Family; Juvenile Non-Resid | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services:                            |                                                                                                                                             |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |
| Juvenile Services:                                 | Non-Treatment: Day Reporting; Non-Treatment                                                                                                 | : Evening Reporting                                                   |                                                                                                                                                                                                                    |                                           |                                         |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                          |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |
| Borrenpohl, Jennifer                               | Willow Psychotherapy                                                                                                                        | 2120 S 56th St                                                        | reet 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:  Mental Health Services: | Groups; Adult Non-Residential Services Outpat<br>Co-Occurring Treatment; Adult Non-Residential                                              | ient - Family; Adult N                                                | on-Residential Services Intervention/Education; Ad<br>Non-Residential Services Outpatient - Individual; A<br>Outpatient Treatment                                                                                  |                                           |                                         |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; 0                                                                                            | Outpatient Therapy i                                                  | ncluding Family Sessions-Mental Health; Outpatie                                                                                                                                                                   | nt Therapy - Co-occ                       | urring                                  |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                          |                                                                       |                                                                                                                                                                                                                    |                                           |                                         |

|                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                         |                       |
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| 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; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | Family; Adult Non-Resi  | dential Services      |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                         |                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                     |                         |                       |
| Dirks, Tamara             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 515 Washington St Sterling NB 68443                                                                                                                                                                                 | (402)461-4960           |                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                         | lult Non-Residential Se | rvices Outpatient -   |
| Mental Health Services:   | Groups, Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt - Family, Addit Nori-Residential Services Odipatient - Individual                                                                                                                                                |                         |                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                     |                         |                       |
| Doehling, Raechel         | Houses of Hope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                 | (402)435-3165           |                       |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                         |                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                         |                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                         |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                     |                         |                       |
| Elnour, Safaa             | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                            | (319)594-4183           |                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                         |                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                         |                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Int                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                      |                         |                       |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     |                         |                       |
| Ferguson, Amber           | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1123 N 9th St Beatrice NB 68310                                                                                                                                                                                     | (402)228-3386           | (402)228-2004         |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R                                                                                                                                                 | esidential Services Ou  | tpatient - Individual |
| Mental Health Services:   | , and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of | vocaning recament                                                                                                                                                                                                   |                         |                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>lent: Mental Status Exam (MSF)                                                                                                               | nt Therapy - Co-occur   | ring; Assessment:     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Similar States Exam (MSE)                                                                                                                                                                                           |                         |                       |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                                                 | Fax                                                                                                             |  |  |  |  |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Fry, Jennifer             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7410 South 33 Street Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)975-2289                                                                                                                                         | (402)975-2287                                                                                                   |  |  |  |  |
|                           | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                       | dult Non-Residential vices Intervention/Ed                                                                                                            | Services Outpatient lucation; Juvenile                                                                          |  |  |  |  |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring Sliding Fee Scale; Bilingual 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
|                           | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                                                         |                                                                                                                 |  |  |  |  |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Partial Care; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)261-6667                                                                                                                                         | (402)261-6526                                                                                                   |  |  |  |  |
|                           | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention; Juvenile Non-Residential Services Intervention; 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                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuri<br>e Assessment Services Substance Abuse Evaluations; Juvenile Non<br>Services Outpatient - Groups; Juvenile Non-Residential Services Ou                                                                                                                                                                                                                                             | Non-Residential Sering Treatment; Adult<br>Residential Services<br>ttpatient - Family; Ju                                                             | rvices Outpatient -<br>Non-Residential<br>s<br>venile Non-Residentia                                            |  |  |  |  |
|                           | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurie<br>e Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>Services Outpatient - Groups; Juvenile Non-Residential Services Outsidential Services Outpatient - Co-Occurring Treatment; Juvenile No                                                                                                                                                                       | Non-Residential Sering Treatment; Adult<br>Residential Services<br>ttpatient - Family; Ju                                                             | rvices Outpatient -<br>Non-Residential<br>s<br>venile Non-Residentia                                            |  |  |  |  |
| Mental Health Services:   | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re<br>Outpatient Treatment<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurie<br>e Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>Services Outpatient - Groups; Juvenile Non-Residential Services Outsidential Services Outpatient - Co-Occurring Treatment; Juvenile No                                                                                                                                                                       | Non-Residential Sering Treatment; Adulta-Residential Services attpatient - Family; Jurn-Residential Servicent Therapy including Intensive Outpatient: | rvices Outpatient - Non-Residential s venile Non-Residentia es Intensive  Family Sessions- Intensive Outpatient |  |  |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                | Fax                                                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|
| Martin, Kelly             | Touchstone                                                                                                                        | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)474-4343                                                        | (402)474-6957                                                       |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                  | al                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                     |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| McNichols, Stephanie      |                                                                                                                                   | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)440-6496                                                        |                                                                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Family; Adult - Services Intensive Outpatient - Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abusen-<br>n-Residential Servic | Services Outpatient<br>E Evaluations; Juven<br>es Outpatient - Fami |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>J                                                                                                                                                                                                                                                                                                                                                                                       | nt Therapy including                                                 | Family Sessions-                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Mulcahy, K Rachel         | Affirmation Drug and Alcohol Counseling                                                                                           | 301 S 70th St #313 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                     |
| Substance Abuse Services: |                                                                                                                                   | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                     |
| Mental Health Services:   | Outpatient Treatment                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Other Services:           | No Voucher Acceptance;                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Munet Ginorio, Alexandra  | Nebraska Mental Health Centers                                                                                                    | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)483-6990                                                        | (402)482-7045                                                       |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                     |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Assessment: Psychological Evaluation; Assessm                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid);<br>ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co                                                                                                                                                                                                                                                      | Assessment: Menta                                                    |                                                                     |
| Other Services:           | Bilingual Services;                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                    |                                                                     |
| Nelsen, David             |                                                                                                                                   | 5827 Oakridge Dr. Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)489-4183                                                        |                                                                     |
| Substance Abuse Services: |                                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                  | ult Non-Residential                                                  | Services Outpatient -                                               |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                     |

| Name                                                                      | Agency                                                                                                                                                                                   | Address                                                                                                               | Phone                                      | Fax               |  |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------|--|
| Nichols, Kayla                                                            | Mid-Plains Center for Behavioral Healthcare Inc                                                                                                                                          | 620 N 48th St Suite 303 Lincoln NB 68504 (402)261-9273                                                                |                                            |                   |  |
| Substance Abuse Services:                                                 |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Mental Health Services:                                                   |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Juvenile Services:                                                        | Non-Treatment: Intensive Family Preservation Outpatient Therapy - Eating Disorder                                                                                                        | on; Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                   | py including Family Sessic                 | ns-Mental Health; |  |
| Other Services:                                                           | Sliding Fee Scale;                                                                                                                                                                       |                                                                                                                       |                                            |                   |  |
| Paine, Mary                                                               | Counseling Affiliates of Nebraska                                                                                                                                                        | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                           | (402)488-0077                              | (402)488-0017     |  |
| Substance Abuse Services:                                                 |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Mental Health Services:                                                   | EPC Crisis Center; Outpatient Therapy; Pre-                                                                                                                                              | Treatment Assessment (bio-psychosocial); Adults who Sexually Ha                                                       | rm Evaluation; Psychologi                  | cal Evaluation    |  |
| Juvenile Services:                                                        |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Other Services:                                                           | Sliding Fee Scale;                                                                                                                                                                       |                                                                                                                       |                                            |                   |  |
| Prater, Jackie                                                            | HopeSpoke                                                                                                                                                                                | 2444 O St Lincoln NB 68510                                                                                            | (402)475-7666                              | (402)476-9623     |  |
| Substance Abuse Services:                                                 |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Mental Health Services:                                                   |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Juvenile Services:                                                        |                                                                                                                                                                                          | th; Outpatient Therapy including Family Sessions-Mental Health; Da<br>ledicaid); Assessment: Mental Status Exam (MSE) | y Treatment Day Treatme                    | nt-Mental Health; |  |
| Other Services:                                                           | Sliding Fee Scale; Hearing Impaired; Bilingu                                                                                                                                             |                                                                                                                       |                                            |                   |  |
| Rendon, Dayana                                                            | Pathfinder Support Services                                                                                                                                                              | 3940 Cornhusker Hwy #100 Lincoln NB 68504                                                                             | (402)466-2230                              |                   |  |
| Substance Abuse Services:                                                 |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Mental Health Services:                                                   |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Juvenile Services:                                                        | Non-Treatment: Family Support Worker; Nor                                                                                                                                                | n-Treatment: Family Partner                                                                                           |                                            |                   |  |
| Other Services:                                                           | Bilingual Services;                                                                                                                                                                      |                                                                                                                       |                                            |                   |  |
| Schmidt, Sharon                                                           | The Resolution Center                                                                                                                                                                    | 120 South 5th Street Beatrice NB 68310                                                                                | (402)223-6061                              | (402)223-6625     |  |
| Substance Abuse Services:                                                 |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
|                                                                           |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
| Mental Health Services:                                                   |                                                                                                                                                                                          |                                                                                                                       |                                            |                   |  |
|                                                                           |                                                                                                                                                                                          | d Conflict Mediation; Non-Treatment: Expedited Family Group Conf                                                      | erence                                     |                   |  |
| Juvenile Services:                                                        |                                                                                                                                                                                          | d Conflict Mediation; Non-Treatment: Expedited Family Group Conf                                                      | erence                                     |                   |  |
| Juvenile Services:                                                        | Non-Treatment: Juvenile Offender/Victim and                                                                                                                                              | d Conflict Mediation; Non-Treatment: Expedited Family Group Conf<br>600 North Cotner, Ste.119 Lincoln NB 68505        | erence (402)261-6667                       | (402)261-6526     |  |
| Juvenile Services:<br>Other Services:<br>「hreats, Deb                     | Non-Treatment: Juvenile Offender/Victim an Sliding Fee Scale; Associates in Counseling & Treatment Adult Assessment Services Substance Abus                                              | 600 North Cotner, Ste.119 Lincoln NB 68505 se Evaluations; Adult Non-Residential Services Intervention/Education      | (402)261-6667<br>on; Adult Non-Residential | ,                 |  |
| Juvenile Services:<br>Other Services:<br>「hreats, Deb                     | Non-Treatment: Juvenile Offender/Victim an Sliding Fee Scale;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abus Groups; Adult Non-Residential Services Out | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                            | (402)261-6667<br>on; Adult Non-Residential | ,                 |  |
| Juvenile Services: Other Services: Threats, Deb Substance Abuse Services: | Non-Treatment: Juvenile Offender/Victim an Sliding Fee Scale;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abus Groups; Adult Non-Residential Services Out | 600 North Cotner, Ste.119 Lincoln NB 68505 se Evaluations; Adult Non-Residential Services Intervention/Education      | (402)261-6667<br>on; Adult Non-Residential | ,                 |  |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | Address                                          | Phone                                      | Fax                                      |
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| Townsend, Robin           | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2444 O St Lincoln NB 68510 |                                                  | (402)475-7666                              | (402)476-9623                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Assessment: Pre-Treatment Asses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | cluding Family Sessions-Mental Health; Intensive | Outpatient: Intensiv                       | e Outpatient Therapy                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ssment (inculcata)         |                                                  |                                            |                                          |
| 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.<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                  |                                            |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (bio-psychosocial); (      | Co-Occurring                                     |                                            |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                  |                                            |                                          |
| Van Pool, Tracy           | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1123 N 9th St              | Beatrice NB 68310                                | (402)228-3386                              |                                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev.<br>Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                  |                                            |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                  |                                            |                                          |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4545 S 86th St             | Lincoln NB 68520                                 | (402)759-3802                              | (402)759-3803                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                  |                                            |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; As<br>Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | , , ,                                            | patient Psychiatric E                      | Evaluation;                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                  |                                            |                                          |
| Wertz, Jill               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3701 Union Drive           | e Suite 100 Lincoln NB 68516                     | (402)875-9270                              |                                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment |                            |                                                  |                                            |                                          |
| Mental Health Services:   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b>                   |                                                  |                                            |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Co-Occurring; Assessment: Home Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ; Assessment: Pre-         | Freatment Assessment (Medicaid); Assessment:     | nt Therapy including<br>Mental Status Exan | Family Sessions-<br>n (MSE); Assessment: |
| Other Services:           | Sliding Fee Scale; No Voucher Acceptance;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | • •                                              |                                            |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                            |               | Address           | Phone                 | Fax                  |
|---------------------------|---------------------------------------------------------------------------------------------------|---------------|-------------------|-----------------------|----------------------|
| White, Nichole            | Blue Valley Behavioral Health                                                                     | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386         |                      |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva<br>Groups; Adult Non-Residential Services Outpatier |               |                   | It Non-Residential Se | ervices Outpatient - |
| Mental Health Services:   |                                                                                                   | •             | ·                 |                       |                      |
| Juvenile Services:        |                                                                                                   |               |                   |                       |                      |

| Name                      | Agency                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                | Fax                                                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| Arriaga, Ruby             | Valley Youth Connections                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                        | (308)633-0112                                                  |
|                           | Non-Treatment: Family Support Worker; Non-Tre<br>Bilingual Services;                                                                                                                                                | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                |
| Arriaga-Velez, Brenda     | Valley Youth Connections                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                        | (308)633-0112                                                  |
|                           | Non-Treatment: Family Support Worker; Non-Tre Bilingual Services;                                                                                                                                                   | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                           | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                           | (402)475-7666                                                        | (402)476-9623                                                  |
|                           |                                                                                                                                                                                                                     | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Hart: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha                                                                                                                                                                                                                           |                                                                      |                                                                |
| Chavez, Mario             | Optimal Family Preservation                                                                                                                                                                                         | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                 | (308)633-3703                                                        | (308)633-3837                                                  |
|                           | Out-Of-Home Shelter Care; Out-Of-Home: Group<br>Reporting; Non-Treatment: General Education Cl<br>Bilingual Services;                                                                                               | Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment: ass                                                                                                                                                                                                                                                                                                     | Day Reporting; Non                                                   | -Treatment: Evening                                            |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adust Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | Family; Adult Non-Re<br>ervices Intensive Ou<br>; Juvenile Non-Resid | esidential Services<br>tpatient Treatment;<br>dential Services |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring Sliding Fee Scale;                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>g                                                                                                                                                                                                                   | nt Therapy including<br>Intensive Outpatient                         | Family Sessions-<br>Intensive Outpatient                       |

| Name                      | Agency                                                               | Address                                                                                                                                                                                                     | Phone                  | Fax                |
|---------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| Crouch, Samuel            | Valley Youth Connections                                             | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                    | (308)225-0500          |                    |
| Substance Abuse Services: |                                                                      |                                                                                                                                                                                                             |                        |                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                         | (bio-psychosocial)                                                                                                                                                                                          |                        |                    |
|                           | Outpatient Therapy including Family Sessions-M Assessment (Medicaid) | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in<br>ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Me                                                                 |                        |                    |
| Other Services:           | Sliding Fee Scale;                                                   |                                                                                                                                                                                                             |                        |                    |
| Duarte, Christine         | Valley Youth Connections                                             | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                    | (308)633-0110          | (308)633-0112      |
| Substance Abuse Services: |                                                                      |                                                                                                                                                                                                             |                        |                    |
| Mental Health Services:   |                                                                      |                                                                                                                                                                                                             |                        |                    |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                        | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                    |                        |                    |
| Other Services:           | Bilingual Services;                                                  |                                                                                                                                                                                                             |                        |                    |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                                 | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                       | (308)633-2070          |                    |
| Substance Abuse Services: |                                                                      |                                                                                                                                                                                                             |                        |                    |
| Mental Health Services:   |                                                                      |                                                                                                                                                                                                             |                        |                    |
| Juvenile Services:        | Non-Treatment: Professional Partner                                  |                                                                                                                                                                                                             |                        |                    |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                    | ervices;                                                                                                                                                                                                    |                        |                    |
| Gill, Janeen              | Serenity Counseling Services                                         | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                    | (308)737-1351          |                    |
| Substance Abuse Services: |                                                                      |                                                                                                                                                                                                             |                        |                    |
|                           | •                                                                    | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu                                                                                                                                            |                        |                    |
|                           |                                                                      | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Day Treatment nent: Mental Status Exam (MSE)                                         |                        |                    |
| Hajek, Marilyn            | Destiny Counseling Services                                          | 1023 10th Ave Sidney NB 69162                                                                                                                                                                               | (308)254-0737          |                    |
|                           | Family; Adult Non-Residential Services Outpatien                     | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Outpatient - Groups; Juvenile Non-Residential Se | Treatment; Juvenile As | ssessment Services |
| Mental Health Services:   |                                                                      |                                                                                                                                                                                                             |                        |                    |
|                           | Non-Treatment: Anger Management Class                                |                                                                                                                                                                                                             |                        |                    |
| Other Services:           | Sliding Fee Scale;                                                   |                                                                                                                                                                                                             |                        |                    |

| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                   | Fax                                                                                                                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                           |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services On<br>ng Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Other Services:           | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                         | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)284-4491                                                                                                           | (308)284-4100                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-0110                                                                                                           | (308)633-0112                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                       | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |
| Raney, Sandra             | Open Door                                                                                                                                                                                                                           | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)225-4335                                                                                                           | (308)633-2020                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                     | raluations; Adult Non-Residential Services Outpatient - Individual; Ad<br>Jervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>Treatment                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                     |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asso                                                                                                                                                                                     | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                              | ent Assessment (bio                                                                                                     | -psychosocial); Co-                                                                                                 |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre<br>Evening Reporting; Non-Treatment: Anger Mana<br>Outpatient Therapy including Group Sessions-Me                                                                                     | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm<br>gement Class; Non-Treatment: General Education Class; Outpatient<br>ental Health; Outpatient Therapy including Family Sessions-Mental H<br>py-Mental Health; Assessment: Pre-Treatment Assessment (Medicaio                                                                                                                                                                                                             | Therapy - Individual-<br>ealth; Outpatient The                                                                          | Mental Health;<br>erapy - Co-occurring;                                                                             |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                       | Phone              | Fax                |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                    |                    |
| Rodriguez, Juanita                                 | ACCS Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                            | (308)633-1390      | (308)633-1393      |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual                          | venile Assessment  | Services Substance |
| Mental Health Services:                            | <b>7</b> ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |                    |                    |
| Juvenile Services:                                 | Non-Treatment: General Education Class; Non-T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | reatment: Family Partner; Contracted Services: Electronic Monitoring                                                                                                                                                                                          |                    |                    |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                    |                    |
| Stermensky, Dr. Gage                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                            | (417)413-0085      | (308)832-4844      |
| Substance Abuse Services:  Mental Health Services: | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                                                                                                                                                                                                                                                                                                                                                                                                                            | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non-      |
| 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;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                                                                                                                                                                             |                    |                    |
| Valdez, Juan                                       | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                      | (308)633-0110      | (308)633-0112      |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                         | Phone                                        | Fax                                       |
|---------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                            | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                      | (308)224-3338                                |                                           |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                          | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                                                                                                                                | Non-Treatment: Fam                           | ily Support Worker;                       |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                                | (402)562-6458                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                     | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                         |                                              |                                           |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Boyce, Shelley            | Shelley K Boyce, LIMHP, CPC                                                                          | 314 S 14th St Suite 101 Ord NB 68862                                                                                                                                                                                                                                                                                            | (308)728-9979                                | (308)728-9980                             |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                                                              |                                              |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                             | nt Therapy - Eating I                        | Disorder                                  |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| 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<br>Co-Occurring Treatment; Juvenile Non-Residenti    | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>al Services Intervention/Education; Juvenile Non-Residential Service<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                  | dult Non-Residential<br>s Outpatient - Group | Services Outpatient -<br>s; Juvenile Non- |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                       | Co-Occurring                                                                                                                                                                                                                                                                                                                    |                                              |                                           |
| Juvenile Services:        | Assessment: Co-Occurring                                                                             |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                                | (402)562-6458                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ing Treatment; Adult<br>Services Substance   | Non-Residential Abuse Evaluations;        |

Mental Health Services:

| Name                      | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone                                                                                                                         | Fax                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                           | Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                            | utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | atient Therapy - Co-occur                                                                                                     | ring; Assessment:                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)481-5392                                                                                                                 |                                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; ups; Adult Non-Residential Services Outpatient - Family; Adult Nor-Decurring Treatment; Adult Non-Residential Services Intensive Ouvices Short Term Residential; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occue Non-Residential Services Partial Care; Juvenile Residential Services Outpatient - Co-Occue Non-Residential Services Partial Care; Juvenile Residential Services | n-Residential Services Outpatient Treatment; Adult tance Abuse Evaluations Residential Services Out rring Treatment; Juvenile | tpatient - Individua<br>Residential Service<br>; Juvenile Non-<br>patient - Family;<br>Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                       | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)429-1050                                                                                                                 |                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                 | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                                                                                                                                                            | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)870-2630                                                                                                                 |                                                                                                        |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                               | raluations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment                                                                                                                                                                                                                            | ; Adult Non-Residential S<br>Services Intervention/Edu                                                                        | ervices Outpatient cation; Juvenile                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tient Therapy including F                                                                                                     | amily Sessions-                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                                                                                                                                                            | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)336-2800                                                                                                                 |                                                                                                        |
|                           |                                                                                                                                                                                                                                                | raluations; Adult Non-Residential Services Intervention/Education;<br>int - Family; Adult Non-Residential Services Outpatient - Individual<br>(bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |                                                                                                        |
|                           | Non-Treatment: Anger Management Class; Outpa                                                                                                                                                                                                   | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Outpatient The                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                         | Address                                                                                                                             | Phone                                                 | Fax                                  |
|---------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Andrews, Megan            | Boys Town                                                      | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                          | (308)224-3338                                         | ·                                    |
| Substance Abuse Services: |                                                                |                                                                                                                                     |                                                       |                                      |
| Mental Health Services:   |                                                                |                                                                                                                                     |                                                       |                                      |
| Juvenile Services:        |                                                                | Foster Care (Agency Supported); Out-Of-Home: Emergency Foster                                                                       | Care; Non-Treatment: Fan                              | nily Support Worke                   |
| Other Services:           | Out-Of-Home: Foster Care (Relative/Kinship Bilingual Services: | b)                                                                                                                                  |                                                       |                                      |
| Other Services.           | Billigual Services,                                            |                                                                                                                                     |                                                       |                                      |
| Avalos, Mayra             | Region II- Human Services                                      | 307 East 5th Lexington NB 68850                                                                                                     | (308)324-6754                                         | (308)324-5518                        |
| Substance Abuse Services: |                                                                |                                                                                                                                     |                                                       |                                      |
| Mental Health Services:   |                                                                |                                                                                                                                     |                                                       |                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                            |                                                                                                                                     |                                                       |                                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                         |                                                                                                                                     |                                                       |                                      |
| Benesch, Kevin            | HopeSpoke                                                      | 2444 O St Lincoln NB 68510                                                                                                          | (402)475-7666                                         | (402)476-9623                        |
| Substance Abuse Services: |                                                                |                                                                                                                                     |                                                       |                                      |
| Mental Health Services:   |                                                                |                                                                                                                                     |                                                       |                                      |
| Juvenile Services:        |                                                                | larm; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh<br>ssment: Psychological Evaluation; Assessment: Juvenile Who Sex |                                                       |                                      |
| Other Services:           | Sliding Fee Scale;                                             |                                                                                                                                     |                                                       |                                      |
| Crawford, Makayla         | Region II- Human Services                                      | 401 West 1st Street Ogallala NB 69153                                                                                               | (308)284-6767                                         | (308)284-3084                        |
| Substance Abuse Services: |                                                                |                                                                                                                                     |                                                       |                                      |
| Mental Health Services:   |                                                                |                                                                                                                                     |                                                       |                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                            |                                                                                                                                     |                                                       |                                      |
| Other Services:           | Bilingual Services;                                            |                                                                                                                                     |                                                       |                                      |
| Fisher, Joel              | Region II- Human Services                                      | 110 N. Bailey North Platte NB 69103-1208                                                                                            | (308)539-1387                                         | (308)532-1157                        |
| Substance Abuse Services: |                                                                |                                                                                                                                     |                                                       |                                      |
| Mental Health Services:   |                                                                |                                                                                                                                     |                                                       |                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                            |                                                                                                                                     |                                                       |                                      |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingu                   | ual Services;                                                                                                                       |                                                       |                                      |
| Gill, Janeen              | Serenity Counseling Services                                   | 1300 E 4th Suite H North Platte NB 69101                                                                                            | (308)737-1351                                         |                                      |
| Substance Abuse Services: |                                                                |                                                                                                                                     |                                                       |                                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessm                      | ment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm                                                                     | Evaluation                                            |                                      |
| Juvenile Services:        | Outpatient Therapy including Family Session                    | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy ns-Mental Health; Outpatient Therapy - Eating Disorder; Day Treat | including Group Sessions-<br>ment Day Treatment-Menta | Mental Health;<br>al Health; Assessr |
| Oth an Caminas            | Pre-Treatment Assessment (Medicaid); Asse                      | essment: Mental Status Exam (MSE)                                                                                                   |                                                       |                                      |

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                 | Fax                                                                                                                |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Harvey, Deborah           | Harvey Counseling                                                                                                                                                                                                                                                  | 101 W 8th St Suite A Lexington NB 68550                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)324-7017                                                                                                         | (866)578-3559                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>(Medicaid); Assessment: Mental Status Exam (Me                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Assessm SE)                                                                                                                                                                                                                                                                                                                                                                                                                      | ent: Pre-Treatment                                                                                                    | Assessment                                                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                         |                                                                                                                    |
| Substance Abuse Services. | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resocurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services Ou<br>g Treatment; Juvenil | outpatient - Individual<br>It Residential Service<br>is; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)429-1050                                                                                                         |                                                                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                                                        | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)284-4491                                                                                                         | (308)284-4100                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                                                         | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)474-4343                                                                                                         | (402)474-6957                                                                                                      |
|                           | Adult Residential Services Short Term Residentia                                                                                                                                                                                                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                        | Fax                                    |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|
| Romero, Ana                                        | Region II- Human Services                                                                             | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)324-6754                                |                                        |
| Substance Abuse Services:                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                     | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                        |
| Stermensky, Dr. Gage                               |                                                                                                       | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (417)413-0085                                | (308)832-4844                          |
|                                                    | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adul<br>ive Outpatient Treatment; Juvenile Assessment Services Substance<br>le Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Abuse Evaluations;                           | Juvenile Non-                          |
| Juvenile Services:                                 | Mental Health; Outpatient Therapy - Youth Who                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatit Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ent: Intensive Outpat                        | ient Therapy-Youth                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                    | <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                        |
| Stoll, Miranda                                     | Inner Reflections Counseling Center                                                                   | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)870-2630                                |                                        |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S      | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Seuvenile Non-Residential Seuvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - F | Adult Non-Residential rvices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services:                            | •                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| 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:                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Vak, Ashley                                        | Region II- Human Services                                                                             | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)532-4860                                | (308)532-1157                          |
| Substance Abuse Services:                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |
| White, Sarah                                       | Region II- Human Services                                                                             | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)532-4860                                | (308)532-1157                          |
| Substance Abuse Services:  Mental Health Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |

Other Services: Sliding Fee Scale;

Juvenile Services: Non-Treatment: Professional Partner

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                                                                                                                             | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                                                                                                                                                                                           | Fax                                                                                                            |
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| Arriaga-Velez, Brenda                                                                                                                                                            | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)633-0110                                                                                                                                                                                                                                   | (308)633-0112                                                                                                  |
| Substance Abuse Services:<br>Mental Health Services:                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                |
|                                                                                                                                                                                  | Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment: Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family Support Family S | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                 |                                                                                                                |
| Avalos, Mayra                                                                                                                                                                    | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)324-6754                                                                                                                                                                                                                                   | (308)324-5518                                                                                                  |
|                                                                                                                                                                                  | Non-Treatment: Professional Partner<br>Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                |
| Benesch, Kevin                                                                                                                                                                   | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)475-7666                                                                                                                                                                                                                                   | (402)476-9623                                                                                                  |
| ,                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                           | Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Seat: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                 |                                                                                                                |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                           | Outpatient Therapy - Youth Who Sexually Harm;<br>Youth Who Sexually Harm Treatment; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Connor, Shawnda                                                                         | Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;  Christine Karell PC LLO  Adult Assessment Services Substance Abuse Even Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)762-2723 Adult Non-Residential - Family; Adult Non-Re Services Intensive Ou IH; Juvenile Non-Residential                                                                                                                                   | Services Care esidential Services tpatient Treatment; dential Services                                         |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Connor, Shawnda  Substance Abuse Services:                                              | Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;  Christine Karell PC LLO  Adult Assessment Services Substance Abuse Even Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 815 Flack Ave Alliance NB 69301  raluations; Adult Non-Residential Services Intervention/Educations; acutations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/Nervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment                                                                                                                                                                                                     | (308)762-2723 Adult Non-Residential - Family; Adult Non-Re Services Intensive Ou IH; Juvenile Non-Residential                                                                                                                                   | Services Care sidential Services tpatient Treatment; dential Services                                          |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Connor, Shawnda  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Services Substance Abuse Even Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 815 Flack Ave Alliance NB 69301  raluations; Adult Non-Residential Services Intervention/Education; Assessment: Juvenile Who Sexually raluations; Adult Non-Residential Services Intervention/Education; Assessment: Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/Nervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | (308)762-2723 Adult Non-Residential - Family; Adult Non-Residential - Family; Adult Non-Residential - Services Intensive Outlet; Juvenile Non-Resident - Individual; Juvenilent - Individual; Juvenilent - Individual; Juvenilent - Individual; | Services Care esidential Services tpatient Treatment; dential Services venile Non-Residential Family Sessions- |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                 | Fax                                                                                                                 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Crouch, Samuel            | Valley Youth Connections                                                                                                                                                                                                                                           | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)225-0500                                                                                                         |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                     |
|                           | Assessment (Medicaid)                                                                                                                                                                                                                                              | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men                                                                                                                                                                                                                                                                                                                                                                                                                        | tal Health; Assessm                                                                                                   | ent: Pre-Treatment                                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Duarte, Christine         | Valley Youth Connections                                                                                                                                                                                                                                           | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)633-0110                                                                                                         | (308)633-0112                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
|                           |                                                                                                                                                                                                                                                                    | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Fisher, Joel              | Region II- Human Services                                                                                                                                                                                                                                          | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)539-1387                                                                                                         | (308)532-1157                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
|                           | Non-Treatment: Professional Partner                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                  | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                         |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ice Abuse Evaluation<br>sidential Services O<br>ig Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     |
|                           |                                                                                                                                                                                                                                                                    | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)429-1050                                                                                                         |                                                                                                                     |

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Nama                      | Amanau                                            | Address                                                                                                                                                                                                                                                        | Dhans              | Four               |
|---------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Name                      | Agency                                            | Address                                                                                                                                                                                                                                                        | Phone              | Fax                |
| Marquez, Jacque           | Valley Youth Connections                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                       | (308)633-0110      | (308)633-0112      |
| Substance Abuse Services: |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Mental Health Services:   |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
|                           |                                                   | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                        |                    |                    |
| Other Services:           | Bilingual Services;                               |                                                                                                                                                                                                                                                                |                    |                    |
| Martin, Kelly             | Touchstone                                        | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                     | (402)474-4343      | (402)474-6957      |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia  | al                                                                                                                                                                                                                                                             |                    |                    |
| Mental Health Services:   |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Juvenile Services:        |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                                                                                                                                                                |                    |                    |
| Rodriguez, Juanita        | ACCS Inc                                          | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                             | (308)633-1390      | (308)633-1393      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie   | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Out<br>lential Services Outpatient - Individual | uvenile Assessment | Services Substance |
| Mental Health Services:   |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
|                           | •                                                 | reatment: Family Partner; Contracted Services: Electronic Monitoring                                                                                                                                                                                           | )                  |                    |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                                                                                                                                                                |                    |                    |
| Romero, Ana               | Region II- Human Services                         | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                | (308)324-6754      |                    |
| Substance Abuse Services: |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Mental Health Services:   |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
|                           | Non-Treatment: Professional Partner               |                                                                                                                                                                                                                                                                |                    |                    |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices;                                                                                                                                                                                                                                                       |                    |                    |
| Vak, Ashley               | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                       | (308)532-4860      | (308)532-1157      |
| Substance Abuse Services: |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Mental Health Services:   |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
|                           | Non-Treatment: Professional Partner               |                                                                                                                                                                                                                                                                |                    |                    |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                                                                                                                                                                |                    |                    |
| Valdez, Juan              | Valley Youth Connections                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                       | (308)633-0110      | (308)633-0112      |
| Substance Abuse Services: |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Mental Health Services:   |                                                   |                                                                                                                                                                                                                                                                |                    |                    |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation      |                                                                                                                                                                                                                                                                |                    |                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name         | Agency                    | Address                                  | Phone         | Fax           |
|--------------|---------------------------|------------------------------------------|---------------|---------------|
| White, Sarah | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)532-4860 | (308)532-1157 |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                            | Address                                                                                                                                                                                                                                                                     | Phone                                                | Fax                                        |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                  | (308)224-3338                                        |                                            |
| Substance Abuse Services: |                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Mental Health Services:   |                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)                                                                         | er Care (Agency Supported); Out-Of-Home: Emergency Foster Ca                                                                                                                                                                                                                | re; Non-Treatment: Fam                               | nily Support Worker;                       |
| Other Services:           | Bilingual Services;                                                                                                                                               |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                        | (402)564-9994                                        | (402)562-6458                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro                                                                                                                   | Assessment Services Substance Abuse Evaluations; Adult Non-Reups; Adult Non-Residential Services Outpatient - Family; Adult Notient Treatment; Adult Residential Services Short Term Residentia                                                                             | n-Residential Services (                             |                                            |
| Mental Health Services:   |                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Juvenile Services:        |                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Boyce, Shelley            | Shelley K Boyce, LIMHP, CPC                                                                                                                                       | 314 S 14th St Suite 101 Ord NB 68862                                                                                                                                                                                                                                        | (308)728-9979                                        | (308)728-9980                              |
| Substance Abuse Services: |                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                      |                                            |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                      |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C                                                                                                                  | Outpatient Therapy including Family Sessions-Mental Health; Outp                                                                                                                                                                                                            | atient Therapy - Eating                              | Disorder                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| 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 Outpatic<br>Co-Occurring Treatment; Juvenile Non-Resident<br>Residential Services Outpatient - Family; Juveni<br>Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individuatial Services Intervention/Education; Juvenile Non-Residential Service Non-Residential Services Outpatient - Individual; Juvenile Non- | ıl; Adult Non-Residentia<br>vices Outpatient - Group | Services Outpatient -<br>os; Juvenile Non- |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial);                                                                                                                      | Co-Occurring                                                                                                                                                                                                                                                                |                                                      |                                            |
| Juvenile Services:        | Assessment: Co-Occurring                                                                                                                                          |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Frances, Sonya            | Compassionate Healing Counseling<br>Services Inc                                                                                                                  | 1811 W 2nd St Suite 420 Grand Island NB 68803                                                                                                                                                                                                                               | (308)384-4617                                        | (844)270-3023                              |
| Substance Abuse Services: |                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                      |                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                      | t (bio-psychosocial)                                                                                                                                                                                                                                                        |                                                      |                                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C (Medicaid)                                                                                                       | Outpatient Therapy including Family Sessions-Mental Health; Asse                                                                                                                                                                                                            | ssment: Pre-Treatment                                | Assessment                                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                                                                    | Fax                                                                                                                 |
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| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)564-9994                                                                                                            | (402)562-6458                                                                                                       |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Adult F                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Residential Services Dual Residential (MH/SA); Juvenile Assessment<br>Family; Juvenile Non-Residential Services Outpatient - Individual; Juviial Services Intensive Outpatient Treatment                                                                                                                                                     | rring Treatment; Adul<br>Services Substance                                                                              | Non-Residential Abuse Evaluations;                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C<br>Pre-Treatment Assessment (Medicaid)                                                                                                                                                                        | Outpatient Therapy including Family Sessions-Mental Health; Outpation                                                                                                                                                                                                                                                                                                                                                                                                                     | ent Therapy - Co-occ                                                                                                     | urring; Assessment:                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                                               | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)336-3200                                                                                                            | (402)336-3219                                                                                                       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                   | valuations; Juvenile Assessment Services Substance Abuse Evaluat                                                                                                                                                                                                                                                                                                                                                                                                                          | ions                                                                                                                     |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-M                                                                                                                                                                                                                  | -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatiental Health; Outpatient Therapy including Family Sessions-Mental Faid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ                                                                                                                                                                                                                                                                                     | Health; Outpatient The                                                                                                   |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                                                                                                                           | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)851-4026                                                                                                            | (402)379-2487                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who<br>Health; Intensive Outpatient: Intensive Outpatier                                                                                                                                                             | Outpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outp<br>at Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive<br>ment: Mental Status Exam (MSE); Assessment: Psychological Evalua                                                                                                                                                                                                     | patient: Intensive Outpetient: Outpetient Date                                                                           | oatient Therapy-Ment<br>Disorder; Assessment                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)481-5392                                                                                                            |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; Aups; Adult Non-Residential Services Outpatient - Family; Adult Non-Focurring Treatment; Adult Non-Residential Services Intensive Outpivices Short Term Residential; Juvenile Assessment Services Substatenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurrile Non-Residential Services Partial Care; Juvenile Residential Services | Residential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individua<br>alt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
|                           |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                     |

| 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;                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |
| McDowell, Meredith        | Monty Shultz Counseling and<br>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 | raluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Family; Adult Non-Resi<br>ervices Intensive Outp<br>ion; Juvenile Non-Resi<br>Outpatient - Family; Juv | dential Services<br>atient Treatment;<br>dential Services<br>renile Non- |  |  |
|                           |                                                                                                                                                                                                                                                                                   | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                          |  |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-<br>Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |
| Riley, Suzanne            | Suzanne Riley Counseling LLC                                                                                                                                                                                                                                                      | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)398-0350                                                                                          | (308)398-0351                                                            |  |  |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                                                                                 | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | dult Non-Residential S<br>ces Substance Abuse I<br>on-Residential Services                             | ervices Outpatient -<br>Evaluations; Juvenil<br>Outpatient - Family      |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;<br>ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Intensive Outpatient: Ir                                                                               | ntensive Outpatient                                                      |  |  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                                                                                                                                                                                               | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)870-2630                                                                                          |                                                                          |  |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                  | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - | dult Non-Residential S<br>vices Intervention/Edu                                                       | ervices Outpatient - cation; Juvenile                                    |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Mental Health                                                                                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt Therapy including Fa                                                                                | amily Sessions-                                                          |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                          |  |  |

| Name                | Agency                                                                                                                                                                                                  | Address                                                                                                                                                     | Phone                                                           | Fax                                      |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| White, Lisa         | Horizon Recovery & Counseling Center                                                                                                                                                                    | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                  | (308)383-1622                                                   |                                          |
|                     | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; J<br>Juvenile Non-Residential Services Outpatient - C | •                                                                                                                                                           | vidual; Adult Non-Residential Sential Services Intervention/Edu | ervices Outpatient -<br>cation; Juvenile |
|                     | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring<br>outpatient Therapy including Group Sessions-Mental Health;                                                              | Outpatiant Thorany including E                                  | amily Sossions                           |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurrin                                                                                                                                                         |                                                                                                                                                             | Outpatient Therapy including ra                                 | arrilly Sessions-                        |
| Other Services:     | Sliding Fee Scale;                                                                                                                                                                                      | C C                                                                                                                                                         |                                                                 |                                          |
| Williamson, Michael | Heartland Counseling Services, Inc.                                                                                                                                                                     | 221 West Douglas St O'Neill NB 68763                                                                                                                        | (402)336-2800                                                   |                                          |
|                     |                                                                                                                                                                                                         | valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Indi (bio-psychosocial); Co-Occurring |                                                                 |                                          |
| Juvenile Services:  | Non-Treatment: Anger Management Class; Outp                                                                                                                                                             | patient Therapy - Individual-Mental Health; Outpatient Therap<br>lental Health; Outpatient Therapy - Eating Disorder; Outpatie                              |                                                                 |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                        | Phone                      | Fax                 |
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| Andrews, Megan            | Boys Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                     | (308)224-3338              | ,                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                            |                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                            |                     |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | r Care (Agency Supported); Out-Of-Home: Emergency Foster Ca                                                                                                                                                    | are; Non-Treatment: Fam    | ily Support Worker  |
| Other Services:           | Bilingual 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Od                                                                        |                            | Services Outpatien  |
|                           | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                |                            |                     |
|                           | Outpatient: Intensive Outpatient Therapy-Mental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | utpatient Therapy including Family Sessions-Mental Health; Outp<br>Health; Assessment: Mental Status Exam (MSE)                                                                                                | patient Therapy - Eating [ | Disorder; Intensive |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |                            |                     |
| Arroyo-Herrera, Adriana   | Arroyo-Stoltenberg Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 706 W Koenig St Grand Island NB 68801                                                                                                                                                                          | (308)370-3678              |                     |
| Juvenile Services:        | Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Intensive Outper-Treatment Assessment (bio-psychosocial); Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the |                                                                                                                                                                                                                |                            |                     |
|                           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                |                            |                     |
| Babcock, Beverly          | Brodstone Memorial Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 520 E 10th St Superior NB 68978                                                                                                                                                                                | (402)879-3281              |                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Extended Residential; Adult Residential Services Short Term Re     | al; Adult Non-Residential  |                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                            |                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                            |                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |                            |                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                           | (402)564-9994              | (402)562-6458       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Roups; Adult Non-Roups; Adult Non-Residential Services Outpatient - Family; Adult Noient Treatment; Adult Residential Services Short Term Residentia | on-Residential Services C  |                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                            |                     |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                            |                     |

| Name                      | Agency                                                                                     | Address                                                                                                                                                                                                                                                 | Phone                                     | Fax                                |
|---------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|
| Benesch, Kevin            | HopeSpoke                                                                                  | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                              | (402)475-7666                             | (402)476-9623                      |
| Substance Abuse Services: |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Mental Health Services:   |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Juvenile Services:        |                                                                                            | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually He                                                                                                                    |                                           |                                    |
| 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: |                                                                                            | valuations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                   | ult Non-Residential S                     | Services Outpatient                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                               | ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                    |                                           |                                    |
|                           | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual lent Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy the Medicaid); Assessment: Co-Occurring        | -Mental Health; Outperapy - Eating Disorc | patient Therapy<br>der; Outpatient |
| Other Services:           | Sliding Fee Scale;                                                                         | ient Assessment (wedicald), Assessment. Of Occurring                                                                                                                                                                                                    |                                           |                                    |
| Cleveland, Lori           | St Francis Alcohol & Drug Treatment                                                        | 2620 West Faidley Ave Grand Island NB 68803                                                                                                                                                                                                             | (308)398-5427                             | (308)398-5404                      |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier                                           | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Residential Services Short Term Residential; Juvrvices Outpatient - Groups; Juvenile Non-Residential Services Outpation of Services Short Term Residential | enile Assessment S                        | ervices Substance                  |
| Mental Health Services:   | Common transfer management transfer                                                        |                                                                                                                                                                                                                                                         |                                           |                                    |
| Juvenile Services:        |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Other Services:           | Sliding Fee Scale;                                                                         |                                                                                                                                                                                                                                                         |                                           |                                    |
| Connell, Sarah            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                         | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                    | (308)385-5250                             |                                    |
| Substance Abuse Services: |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Mental Health Services:   |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health                                              |                                                                                                                                                                                                                                                         |                                           |                                    |
| Other Services:           | Sliding Fee Scale;                                                                         |                                                                                                                                                                                                                                                         |                                           |                                    |
| Couillard, Mary           | Mid-Plains Center for Behavioral<br>Healthcare Inc                                         | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                    | (308)380-4695                             | (308)385-1105                      |
| Substance Abuse Services: |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Mental Health Services:   |                                                                                            |                                                                                                                                                                                                                                                         |                                           |                                    |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                    | by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                        | l); Assessment: Men                       | tal Status Exam                    |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                     |                                                                                                                                                                                                                                                         |                                           |                                    |

| Name                                               | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address                                                                                                                                                                            | Phone                | Fax                  |  |
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| Czarnick, Kelli                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 403 Lexington Cir Grand Island NB 68803                                                                                                                                            | (402)937-0321        | (402)695-7321        |  |
|                                                    | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                        | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment                                                                   | Juvenile Non-Reside  | ential Services      |  |
| Mental Health Services:<br>Juvenile Services:      | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                                                                                                                                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                | nt Therapy - Co-occ  | urring; Assessment:  |  |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                    | ent. Co-occurring                                                                                                                                                                  |                      |                      |  |
| Danielson, Jann                                    | St Francis Alcohol & Drug Treatment                                                                                                                                                                                                                                                                                                                                                                                                                   | 2620 West Faidley Ave Grand Island NB 68803                                                                                                                                        | (308)398-5427        | (308)398-5533        |  |
| Substance Abuse Services:                          | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Froups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Froups; Adult Non-Residential Services Outpatient Froups Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential |                                                                                                                                                                                    |                      |                      |  |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                      |                      |  |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                      |                      |  |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    |                      |                      |  |
| Davis, Jennifer                                    | Jenna Davis Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                | 609 W 10 Rd Aurora NB 68818                                                                                                                                                        | (308)380-7700        | (308)382-0559        |  |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                      |                      |  |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                      |                      |  |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Intensive ssment (Medicaid); Assessment: Mental Status Exam (MSE)                                                       | Outpatient: Intensiv | e Outpatient Therapy |  |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                    | sament (wedicald), Assessment. Wental status Exam (woe)                                                                                                                            |                      |                      |  |
| Denney, Rachel                                     | Parallels                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                 | (402)730-6802        |                      |  |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                                                                                                                                                                                                                    | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment |                      |                      |  |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                | nt Therapy - Co-occ  | urring               |  |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    | .,                   | J                    |  |
| 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;                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                      |                      |  |

| Name                      | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                    | Phone                | Fax                   |  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--|
| Estevez, Miguel           | Friendship House Inc                                                                                                                                     | 707 W 1st St Grand Island NB 68801                                                                                                                                                                                                                                         | (308)675-3345        |                       |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Non-Residenti                                                        | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; All Services Intervention/Education; Juvenile Non-Residential Services Intervential Services Outpatient - Co-Occurring Treatment | dult Non-Residential | Services Outpatient - |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                           |                      |                       |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                         | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                        | ent Therapy - Co-occ | urring                |  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                   |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Florez, Thomas            | Thomas B Florez                                                                                                                                          | 403 Lexington Circle Grand Island NB 68803                                                                                                                                                                                                                                 | (308)370-1667        |                       |  |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa                                                                                                         | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subset Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services                                               | tance Abuse Evaluat  | ions; Juvenile Non-   |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                          | tion                 |                       |  |
| Juvenile Services:        |                                                                                                                                                          | outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessmen re-Treatment Assessment (Medicaid); Assessment: Co-Occurring                                                       |                      |                       |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Frances, Sonya            | Compassionate Healing Counseling<br>Services Inc                                                                                                         | 1811 W 2nd St Suite 420 Grand Island NB 68803                                                                                                                                                                                                                              | (308)384-4617        | (844)270-3023         |  |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial)                                                                                                                                                                                                                                                         |                      |                       |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Assessr                                                                                                                                                                                                         | nent: Pre-Treatment  | Assessment            |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Francl, Chase             | Goodwill Industries of Greater Nebraska                                                                                                                  | 1804 South Eddy PO Box 1863 Grand Island NB 68802-<br>1863                                                                                                                                                                                                                 | (308)384-7896        | (308)384-9231         |  |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Other Services:           | Bilingual Services;                                                                                                                                      |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Franssen, Tracee          | Friendship House Inc                                                                                                                                     | 707 W 1st St Grand Island NB 68801                                                                                                                                                                                                                                         | (308)675-3345        | (308)675-3342         |  |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Intervention/Education; Juvenile Non-Re<br>Residential Services Outpatient - Co-Occurring T |                                                                                                                                                                                                                                                                            | ring Treatment; Juve | nile Non-Residential  |  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             |                                                                                                                                                                                                                                                                            |                      |                       |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid); Assessment                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpation ent: Co-Occurring                                                                                                                                                                                     | ent Therapy - Co-occ | urring; Assessment:   |  |

| Name                      | Agency                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                          | Phone                                      | Fax                                         |  |  |
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| 1101110                   | , igoliey                                                                                                                                                                                                 | 71441.000                                                                                                                                                                                                                                                                                                                        | 1 110110                                   | - ux                                        |  |  |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - Co | •                                                                                                                                                                                                                                                                                                                                | dult Non-Residential rices Intervention/Ec | Services Outpatient -<br>lucation; Juvenile |  |  |
|                           | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                   | atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring<br>Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health;                                                                                                        |                                            |                                             |  |  |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                           | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat<br>ho Sexually Harm Risk Assessment; Assessment: Co-Occurring                                                                                                                       | ig Group Sessions-Nient Therapy - Eating   | Mental Health;<br>g Disorder; Outpatient    |  |  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Gasper, Jodi              | Boys Town                                                                                                                                                                                                 | 13628 Flanagan Blvd Boys Town NB 68010                                                                                                                                                                                                                                                                                           | (402)498-3343                              | (402)498-3333                               |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Mental Health Services:   |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Juvenile Services:        |                                                                                                                                                                                                           | Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Hoport Worker; Assessment: Home Assessment (Foster Care Relative/                                                                                                                                                                                                    |                                            | ster Care; Out-Of-                          |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                       | ,                                                                                                                                                                                                                                                                                                                                | • ,                                        |                                             |  |  |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                       | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                             | (402)564-9994                              | (402)562-6458                               |  |  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Adult Re                                                                                                     | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult<br>Services Substance  | Non-Residential Abuse Evaluations;          |  |  |
| Mental Health Services:   |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                             | nt Therapy - Co-occu                       | urring; Assessment:                         |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Hansen, Wendy             | Friendship House Inc                                                                                                                                                                                      | 218 S. Rhode Island Ave. Hastings NB 68901                                                                                                                                                                                                                                                                                       | (308)675-3345                              | (308)675-3342                               |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                           | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                  |                                            |                                             |  |  |
| Mental Health Services:   | •                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Juvenile Services:        |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                                            |                                             |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Intensive Outpatient Treatment

| Name                       | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                          | Fax                                     |
|----------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| Hansen, Wendy              | Friendship House - Transitional Housing                                                           | 406 W Koenig Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)382-0422                                  | (308)382-6195                           |
| Substance Abuse Services:  | Adult Residential Services Halfway-House                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Mental Health Services:    |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:         |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Other Services:            | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Hargis, Kirsten            | Pathfinder Support Services                                                                       | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)460-9851                                  |                                         |
| Substance Abuse Services:  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Mental Health Services:    |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:         | Non-Treatment: Family Support Worker; Non-Tre                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | eatment: Family Parti                          | ner                                     |
| Other Services:            | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Hieb, Sue                  | St Francis Alcohol & Drug Treatment                                                               | 2620 West Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)398-5431                                  | (308)398-5404                           |
| Substance Abuse Services:  |                                                                                                   | valuations; Adult Non-Residential Services Intervention/Education; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dult Non-Residential                           | Services Outpatier                      |
| Mental Health Services:    | Groups; Adult Non-Residential Services Outpation                                                  | ent - Family; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:         |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Other Services:            | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Holguin-Gutierrez, Valeria | Pathfinder Support Services                                                                       | 2720 S Locust St Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)675-1614                                  |                                         |
| Substance Abuse Services:  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Mental Health Services:    |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:         | Non-Treatment: Family Support Worker; Non-Treatment                                               | eatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                         |
| Other Services:            | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| 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                                                  | valuations; Adult Non-Residential Services Outpatient - Family; Adultatient - Co-Occurring Treatment; Juvenile Assessment Services Subtle Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | stance Abuse Evaluat                           | ions; Juvenile Non                      |
| Mental Health Services:    | Outpatient Therapy                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:         | Outpatient Therapy - Individual-Mental Health; C                                                  | Outpatient Therapy including Family Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Therapy - Co-occ                           | urring                                  |
| Other Services:            | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |
| Hruby, Kristine            |                                                                                                   | 1811 West 2nd St. suite 450 Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)390-5508                                  | (308)339-0962                           |
| Substance Abuse Services:  | Family; Adult Non-Residential Services Outpatie<br>Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juvenile Residential Services - Groups; Juven | rring Treatment; Juve<br>ential Services Outpa | nile Assessment<br>tient - Family; Juve |

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

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                            | Phone                                        | Fax                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| Mental Health Services:   | Outpatient Therapy                                                                                    |                                                                                                                                                                                                                                                                                                    |                                              | •                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)              | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                               | nt Therapy - Co-occi                         | urring; Assessment:                           |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Johnson (Aswegan), Betty  |                                                                                                       | 513 N Grant Suite D Plum Creek Mall Lexington NB 68850                                                                                                                                                                                                                                             | (308)440-8054                                | (308)234-6604                                 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment                            | Services Substance                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                   |                                              |                                               |
| Juvenile Services:        |                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpatien<br>Bent Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                                                                                                            |                                              |                                               |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Kelly, Mike               | South Central Behavioral Services                                                                     | 616 W 5th St Hastings, NB 68901                                                                                                                                                                                                                                                                    | (402)326-7329                                |                                               |
|                           | Family; Adult Non-Residential Services Outpatien                                                      | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr                                                                                                                                                     |                                              | rvices Outpatient -                           |
|                           | Pre-Treatment Assessment (bio-psychosocial); C                                                        | o-Occurring                                                                                                                                                                                                                                                                                        |                                              |                                               |
| Juvenile Services:        |                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of<br>Serenity                                                   | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                         | (402)370-3140                                |                                               |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential; Ju<br>vices Outpatient - Groups; Juvenile Non-Residential Services Outpat             | esidential Services (<br>venile Assessment ( | Outpatient - Individual<br>Services Substance |
| Mental Health Services:   | Ostricos Carpanent Individual                                                                         |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                 |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                     | ervices;                                                                                                                                                                                                                                                                                           |                                              |                                               |
| 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<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                        | ult Non-Residential                          | Services Outpatient -                         |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                      | nt - i anniy, Addit Norrhesidential Services Odtpatient - Individual                                                                                                                                                                                                                               |                                              |                                               |
| Juvenile Services:        |                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                              |                                               |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                    |                                              |                                               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Non-Residential Services Intensive Outpatient Treatment

| Name                      | Agency                                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                            | Fax                                                                    |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Kissack, Cynthia          | Cynthia Kissack Counseling                                                                                                                                                                                                                                              | 2517 S August Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (308)379-8619                                                                                                    | (308)385-5271                                                          |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                                                                                                                                                          | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                        |
| Juvenile Services:        | ·                                                                                                                                                                                                                                                                       | py-Mental Health; Intensive Outpatient: Intensive Outpatient- Ear<br>Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                | utpatient: Intensive                                                   |
| 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<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outp<br>Outpatient - Individual; Juvenile Non-Residential<br>Treatment | valuations; Adult Non-Residential Services Care Monitoring SA/Nent - Family; Adult Non-Residential Services Outpatient - Individu<br>Services Intensive Outpatient Treatment; Adult Residential Servicenile Assessment Services Substance Abuse Evaluations; Juveatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-O | ual, Adult Non-Residential<br>ices Dual Residential (MH<br>enile Non-Residential Sen<br>Family, Juvenile Non-Res | Services Outpatien I/SA); Adult vices Care Monitorir idential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                        |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Ou                                                                                                                                                                                                                         | tpatient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |
| Kreis, Janice             | St Francis Alcohol & Drug Treatment                                                                                                                                                                                                                                     | 2620 West Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)398-5317                                                                                                    | (308)398-5404                                                          |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                         | valuations; Adult Non-Residential Services Outpatient - Groups;<br>nt - Individual; Adult Non-Residential Services Intensive Outpation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  |                                                                        |
| Mental Health Services:   |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |
| 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: | Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                         | valuations; Adult Non-Residential Services Partial Care; Adult No<br>nily; Adult Non-Residential Services Outpatient - Individual; Adult<br>vices Intensive Outpatient Treatment; Adult Residential Services<br>I Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Non-Residential Services                                                                                         | s Outpatient - Co-                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |
| Lange, Robyn              | Two Bridges Counseling                                                                                                                                                                                                                                                  | 513 N Grant St Ste 3A Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)324-0222                                                                                                    | (308)324-0225                                                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                         | valuations; Adult Non-Residential Services Intervention/Educatio<br>ent - Family; Adult Non-Residential Services Outpatient - Individu<br>vices Substance Abuse Evaluations; Juvenile Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ual; Adult Non-Residential                                                                                       | Services Intensive                                                     |

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

Page 301 of 669

| Name                      | Agency                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                             | Fax                                      |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| Mental Health Services:   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                          |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - Co                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dult Non-Residential S<br>vices Intervention/Educ | ervices Outpatient -<br>cation; Juvenile |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; As                                                                                                                                                                                             | ssessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                          |
| Martin-Sanchez, Ileana    | Goodwill Industries of Greater Nebraska                                                                                                                                                                                                       | 1804 South Eddy PO Box 1863 Grand Island NB 68802-<br>1863                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)384-7896                                     |                                          |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                          |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                          |
| Other Services:           | Bilingual 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<br>NeuroFeedback                                                                                                                                                                                                  | 2002 Central Ave Kearney NB 68847-4473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)708-9379                                     |                                          |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Family; Adult Non-Resi<br>ervices Intensive Outpa | dential Services atient Treatment;       |
|                           | Care Monitoring SA/MH; Juvenile Non-Residentia                                                                                                                                                                                                | Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; and its control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr | Outpatient - Family; Juv                          | enile Non-                               |
| Mental Health Services:   | Care Monitoring SA/MH; Juvenile Non-Residentia<br>Residential Services Outpatient - Individual; Juve                                                                                                                                          | al Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient - Family; Juv                          | enile Non-                               |
|                           | Care Monitoring SA/MH; Juvenile Non-Residentia<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Ou | al Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient - Family; Juv<br>Juvenile Non-Resident | enile Non-<br>ial Services               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                                                                                                                           | Phone                                                       | Fax                                         |
|---------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| 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<br>Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups<br>int - Individual; Adult Non-Residential Services Outpatient - Co-<br>le Assessment Services Substance Abuse Evaluations; Juveni<br>ndividual; Juvenile Non-Residential Services Outpatient - Co-O                               | Occurring Treatment; Adul le Non-Residential Service        | t Non-Residential                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                  |                                                             |                                             |
|                           | Outpatient Therapy - Individual-Mental Health; C                                                   |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| McMinn-Rogers, Kimberly   | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                 | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                                                              | (316)651-6080                                               | (308)385-1105                               |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Thera (MSE)                                             | py-Mental Health; Assessment: Pre-Treatment Assessment (M                                                                                                                                                                                                                                         | edicaid); Assessment: Mer                                   | ntal Status Exam                            |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                             |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Mexcur, Victoria          | VA-Western Iowa Health Care                                                                        | 2201 N. Broadwell Ave Grand Island NB 68803                                                                                                                                                                                                                                                       | (308)382-3660                                               |                                             |
| Substance Abuse Services: |                                                                                                    | valuations; Adult Non-Residential Services Outpatient - Groups<br>int - Individual; Adult Non-Residential Services Outpatient - Co-<br>Residential Services Short Term Residential                                                                                                                |                                                             |                                             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Other Services:           | Bilingual Services;                                                                                |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Molczyk, Dorothy          | Wholeness Healing Center PC                                                                        | 2608 Oldfair Rd. Grand Island NB 68803                                                                                                                                                                                                                                                            | (308)382-5297                                               | (308)382-5315                               |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S   | valuations; Adult Non-Residential Services Intervention/Educat<br>ent - Family; Adult Non-Residential Services Outpatient - Indivion<br>Services Substance Abuse Evaluations; Juvenile Non-Resident<br>Eduvenile Non-Residential Services Outpatient - Family; Juvenile<br>Co-Occurring Treatment | dual; Adult Non-Residentia<br>tial Services Intervention/Ed | l Services Outpatient<br>ducation; Juvenile |
| Mental Health Services:   | •                                                                                                  | <b>9</b>                                                                                                                                                                                                                                                                                          |                                                             |                                             |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Nichols, Kayla            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                 | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                          | (402)261-9273                                               |                                             |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; C<br>Outpatient Therapy - Eating Disorder            | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                                                                                                                                                                   | apy including Family Sessic                                 | ons-Mental Health;                          |
| Other Cominee             | Clidian For Cooler                                                                                 |                                                                                                                                                                                                                                                                                                   |                                                             |                                             |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                           | Phone                                                                | Fax                                                                        |
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| Peters, Tanya             | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 722 S Lincoln Ave Ste 1 York NB 68467                                                                                                                                                                                                                                                                                                             | (402)362-6128                                                        |                                                                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                                                                           |                                                                      | •                                                                          |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
| Prater, Jackie            | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                        | (402)475-7666                                                        | (402)476-9623                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
|                           | Assessment: Pre-Treatment Assessment (Medica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   | eatment Day Treatme                                                  | nt-Mental Health;                                                          |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ervices;                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                            |
| Riley, Suzanne            | Suzanne Riley Counseling LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                          | (308)398-0350                                                        | (308)398-0351                                                              |
|                           | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile Ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | Adult Non-Residentia<br>ices Substance Abus<br>on-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatie; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kin                                                                                                                                           | Intensive Outpatient                                                 | Intensive Outpatient                                                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                            |
| Rivera, Elia              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 312 North Elm Street Suite 105 Grand Island NB 68801                                                                                                                                                                                                                                                                                              | (308)383-2208                                                        |                                                                            |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; Judivenile Non-Residential Services Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference Outpatient - Conference | o-Occurring                                                                                                                                                                                                                                                                                                                                       | Adult Non-Residentia rvices Intervention/EdResidential Services      | Services Outpatient -<br>ducation; Juvenile<br>Outpatient - Individual;    |
|                           | Non-Treatment: Anger Management Class; Outpa<br>Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | atient Therapy - Individual-Mental Health; Outpatient Therapy includ                                                                                                                                                                                                                                                                              | ling Group Sessions-l                                                | Mental Health;                                                             |

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                      | Fax                                    |
|---------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|
| Sawyer, Debby             | Mid-Plains Center for Behavioral<br>Healthcare Inc                                               | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)379-8615                              | (308)385-1105                          |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
|                           | (MSE)                                                                                            | by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | l); Assessment: Men                        | tal Status Exam                        |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                        |
| Weber, Kristi             | Weber Behavioral Health                                                                          | 942 N 13th Geneva NB 68361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)759-3802                              | (402)759-3803                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                     | valuations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Treatment                                  |                                        |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                  | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | oio-psychosocial)                          |                                        |
| Juvenile Services:        |                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Assessm<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                   | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)759-3802                              | (402)759-3803                          |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; As Assessment: Mental Status Exam (MSE); Assess   | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Out<br>sment: Medication Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | patient Psychiatric E                      | valuation;                             |
| Other Services:           | Sliding Fee Scale;                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                        |
| Wegner, Cheryl            | St Francis Alcohol & Drug Treatment                                                              | 2620 West Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)398-5438                              | (308)398-5404                          |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Term Residential; Juvenile Assessment Services  | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr Substance Abuse Evaluations; Juvenile Non-Residential Services Oe Non-Residential Services Outpatient - Individual; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | eatment; Adult Residutpatient - Groups; J  | dential Services Shor<br>Iuvenile Non- |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fami | dult Non-Residential vices Intervention/Ed | Services Outpatient ducation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |
|                           | 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: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name         | Agency                                             | Address                              | Phone         | Fax |
|--------------|----------------------------------------------------|--------------------------------------|---------------|-----|
| Wright, Kara | Mid-Plains Center for Behavioral<br>Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)379-8613 |     |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam

(MSE)

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                      | Agency                                                                                         | Address                                                                                                                                                                                                   | Phone                  | Fax                  |
|---------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| Andrews, Megan            | Boys Town                                                                                      | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                | (308)224-3338          |                      |
| Substance Abuse Services: |                                                                                                |                                                                                                                                                                                                           |                        |                      |
| Mental Health Services:   |                                                                                                |                                                                                                                                                                                                           |                        |                      |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                    | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care                                                                                                                                             | e; Non-Treatment: Fan  | nily Support Worker; |
| Other Services:           | Bilingual 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                                               | raluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu                                                                  |                        | Services Outpatient  |
|                           | Outpatient Therapy; Co-Occurring                                                               |                                                                                                                                                                                                           |                        |                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpat                                                                                                                                         | tient Therapy - Eating | Disorder; Intensive  |
| Other Services:           | Sliding Fee Scale;                                                                             | Health, Assessment. Mental Status Exam (MSE)                                                                                                                                                              |                        |                      |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                            | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                      | (402)564-9994          | (402)562-6458        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                               | ssessment Services Substance Abuse Evaluations; Adult Non-Resi<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>ent Treatment; Adult Residential Services Short Term Residential |                        |                      |
| Mental Health Services:   |                                                                                                |                                                                                                                                                                                                           |                        |                      |
| Juvenile Services:        |                                                                                                |                                                                                                                                                                                                           |                        |                      |
| 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: |                                                                                                | raluations; Adult Non-Residential Services Intervention/Education; A                                                                                                                                      | Adult Non-Residential  | Services Outpatient  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                   | ·                                                                                                                                                                                                         |                        |                      |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpati                                                | Treatment: General Education Class; Outpatient Therapy - Individu<br>lent Therapy including Family Sessions-Mental Health; Outpatient T<br>nent Assessment (Medicaid); Assessment: Co-Occurring           |                        |                      |
| Other Services:           | Sliding Fee Scale;                                                                             | 3                                                                                                                                                                                                         |                        |                      |
| Couillard, Mary           | Mid-Plains Center for Behavioral<br>Healthcare Inc                                             | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                      | (308)380-4695          | (308)385-1105        |
| Substance Abuse Services: |                                                                                                |                                                                                                                                                                                                           |                        |                      |
| Mental Health Services:   |                                                                                                |                                                                                                                                                                                                           |                        |                      |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                        | by-Mental Health; Assessment: Pre-Treatment Assessment (Medica                                                                                                                                            | aid); Assessment: Mer  | ntal Status Exam     |
| 000                       |                                                                                                |                                                                                                                                                                                                           |                        |                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                                                                                             | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                         | Fax                                                                                                                                                                         |
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| Davis, Jennifer                                                                                                                                  | Jenna Davis Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 609 W 10 Rd Aurora NB 68818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)380-7700                                                                                                                                                                 | (308)382-0559                                                                                                                                                               |
| Substance Abuse Services:                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                             |
| Mental Health Services:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                             |
| Juvenile Services:                                                                                                                               | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Assessment: Pre-Treatment Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Intensi<br>essment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ve Outpatient: Intensiv                                                                                                                                                       | e Outpatient Therapy                                                                                                                                                        |
| Other Services:                                                                                                                                  | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                             |
| Frances, Sonya                                                                                                                                   | Compassionate Healing Counseling<br>Services Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1811 W 2nd St Suite 420 Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)384-4617                                                                                                                                                                 | (844)270-3023                                                                                                                                                               |
| Substance Abuse Services:                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                             |
| Mental Health Services:                                                                                                                          | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                             |
|                                                                                                                                                  | (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | utpatient Therapy including Family Sessions-Mental Health; Asses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sment: Pre-Treatment                                                                                                                                                          | Assessment                                                                                                                                                                  |
| Other Services:                                                                                                                                  | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                             |
| Franssen, Tracee                                                                                                                                 | Friendship House Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 707 W 1st St Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)675-3345                                                                                                                                                                 | (308)675-3342                                                                                                                                                               |
| Cultatanaa Abusa Cami'aaa                                                                                                                        | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Adult Non-Residential                                                                                                                                                         | Sonvices Outpatient                                                                                                                                                         |
| Substance Aduse Services:                                                                                                                        | Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi<br>esidential Services Outpatient - Family; Juvenile Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | urring Treatment; Juve                                                                                                                                                        | nile Non-Residential                                                                                                                                                        |
|                                                                                                                                                  | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi<br>esidential Services Outpatient - Family; Juvenile Non-Residential S<br>reatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | urring Treatment; Juve                                                                                                                                                        | nile Non-Residential                                                                                                                                                        |
| Mental Health Services:<br>Juvenile Services:                                                                                                    | Family; Adult Non-Residential Services Outpatier<br>Services Intervention/Education; Juvenile Non-Re<br>Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi<br>esidential Services Outpatient - Family; Juvenile Non-Residential S<br>reatment<br>(bio-psychosocial); Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | urring Treatment; Juve<br>ervices Outpatient - In                                                                                                                             | nile Non-Residential<br>dividual; Juvenile No                                                                                                                               |
| Mental Health Services:<br>Juvenile Services:                                                                                                    | Family; Adult Non-Residential Services Outpatier<br>Services Intervention/Education; Juvenile Non-Re<br>Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi<br>esidential Services Outpatient - Family; Juvenile Non-Residential S<br>reatment<br>(bio-psychosocial); Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | urring Treatment; Juve<br>ervices Outpatient - In                                                                                                                             | nile Non-Residential<br>dividual; Juvenile Noi                                                                                                                              |
| Mental Health Services:<br>Juvenile Services:                                                                                                    | Family; Adult Non-Residential Services Outpatier<br>Services Intervention/Education; Juvenile Non-Re<br>Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; Or<br>Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi<br>esidential Services Outpatient - Family; Juvenile Non-Residential S<br>reatment<br>(bio-psychosocial); Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | urring Treatment; Juve<br>ervices Outpatient - In                                                                                                                             | nile Non-Residential<br>dividual; Juvenile Nor                                                                                                                              |
| Mental Health Services:<br>Juvenile Services:<br>Other Services:<br>Grabowski, Karen                                                             | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Re Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outpatient: Co-Occurring  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; And Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Dual Residential (MH/SA); Juvenile Assessmential; Juvenile Non-Residential Services Outpatient - Individual; Ju | urring Treatment; Juve ervices Outpatient - In tient Therapy - Co-occ (402)564-9994  Adult Non-Residential urring Treatment; Adult Services Substance                         | nile Non-Residential dividual; Juvenile Nor urring; Assessment:  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations;                                    |
| Mental Health Services:<br>Juvenile Services:<br>Other Services:<br>Grabowski, Karen                                                             | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessment Services Intervential Services Outpatier Services Intensive Outpatient Treatment; Adult Residential Services Outpatient Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment - F Co-Oc | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outpatient: Co-Occurring  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; And Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Dual Residential (MH/SA); Juvenile Assessmential; Juvenile Non-Residential Services Outpatient - Individual; Ju | urring Treatment; Juve ervices Outpatient - In tient Therapy - Co-occ (402)564-9994  Adult Non-Residential urring Treatment; Adult Services Substance                         | nile Non-Residential dividual; Juvenile Non urring; Assessment:  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations;                                    |
| Mental Health Services: Juvenile Services: Other Services: Grabowski, Karen Substance Abuse Services: Mental Health Services:                    | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessment Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outpatient: Co-Occurring  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; And Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Dual Residential (MH/SA); Juvenile Assessmential; Juvenile Non-Residential Services Outpatient - Individual; Ju | ervices Outpatient - In tent Therapy - Co-occ (402)564-9994  Adult Non-Residential arring Treatment; Adult Services Substance evenile Non-Residential evenile Non-Residential | nile Non-Residential dividual; Juvenile Non-Residential urring; Assessment:  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations; Il Services Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Grabowski, Karen Substance Abuse Services: Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessment Services Intervention of Serenity  Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment - For Co-Occurring T | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intervention (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outpatient: Co-Occurring  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; And It - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Dual Residential (MH/SA); Juvenile Assessmential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ervices Outpatient - In tent Therapy - Co-occ (402)564-9994  Adult Non-Residential arring Treatment; Adult Services Substance evenile Non-Residential evenile Non-Residential | nile Non-Residential dividual; Juvenile Noruring; Assessment:  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations; I Services Outpatient                |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Family Partner

Other Services: Bilingual Services;

| 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<br>Services Substance Abuse Evaluations; Juvenile<br>Non-Residential Services Outpatient - Individual;<br>Intensive Outpatient Treatment                                           | valuations; Adult Non-Residential Services Outpatient - Groups; Annt - Individual; Adult Non-Residential Services Outpatient - Co-Octe Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Tre                                                                                                                                                                                                                                         | curring Treatment; Juve<br>sidential Services Outpa                                                                                | nile Assessment<br>tient - Family; Juveni                                                                           |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                                                                                                                                                                             | atient Therapy - Co-occ                                                                                                            | urring; Assessment:                                                                                                 |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| Johnson, Jill                                 | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                                      |                                                                                                                     |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education;<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>Occurring Treatment; Adult Non-Residential Services Intensive Ou-<br>vices Short Term Residential; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Groups; Juvenile Non-<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occue Non-Residential Services Partial Care; Juvenile Residential Services | n-Residential Services (<br>ttpatient Treatment; Adustance Abuse Evaluation<br>-Residential Services O<br>Irring Treatment; Juveni | Outpatient - Individua<br>alt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| Juvenile Services:                            |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| Other Services:                               | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| 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;<br>ent - Family; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    | Services Outpatient                                                                                                 |
| Mental Health Services:                       | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| Juvenile Services:                            |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
|                                               | Cynthia Kissack Counseling                                                                                                                                                                                                          | 2517 S August Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)379-8619                                                                                                                      | (308)385-5271                                                                                                       |
| Kissack, Cynthia                              | - Synthia Hiesaek Goaneshing                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                     |
| Kissack, Cynthia Substance Abuse Services:    | <u> </u>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                                                                                                           |                                                                                                                     |
|                                               | ,                                                                                                                                                                                                                                   | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                     |

| Name                      | Agency                                                                                                                                      | Address                                                                                                                                                                                                                                                                     | Phone                                                     | Fax                                    |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Kiuntke, Jean             | Discovery Counseling, LLC                                                                                                                   | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                               | (402)606-3084                                             | (402)606-4693                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                             | valuations; Adult Non-Residential Services Intervention/Educatio<br>ent - Individual; Juvenile Assessment Services Substance Abuse<br>I Services Outpatient - Groups; Juvenile Non-Residential Service                                                                      | Evaluations; Juvenile No                                  |                                        |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Juvenile Services:        |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                      |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Krejci, Ann               | Stephen Center                                                                                                                              | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                               | (402)715-5453                                             | (402)715-5452                          |
|                           | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential |                                                                                                                                                                                                                                                                             | Non-Residential Services                                  | S Outpatient - Co-                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                            |                                                           |                                        |
| Juvenile Services:        |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| McMinn-Rogers, Kimberly   | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                          | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                                        | (316)651-6080                                             | (308)385-1105                          |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                                                                     | by-Mental Health; Assessment: Pre-Treatment Assessment (Med                                                                                                                                                                                                                 | dicaid); Assessment: Men                                  | tal Status Exam                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                      |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Stokebrand, Tera          | Lemke Michels Psychotherapy - Stacey Michels PC                                                                                             | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                                               | (402)230-9130                                             |                                        |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                           |                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                                                 | utpatient Therapy including Family Sessions-Mental Health; Ass                                                                                                                                                                                                              | sessment: Pre-Treatment                                   | Assessment                             |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S                                            | valuations; Adult Non-Residential Services Intervention/Educatio<br>ent - Family; Adult Non-Residential Services Outpatient - Individu<br>Services Substance Abuse Evaluations; Juvenile Non-Residentia<br>uvenile Non-Residential Services Outpatient - Family; Juvenile N | ual; Adult Non-Residential<br>Il Services Intervention/Ed | Services Outpatient ducation; Juvenile |

| Name                      | Agency                                                                                           | Address                                                                                                                            | Phone                                         | Fax                                    |
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| Juvenile Services:        |                                                                                                  |                                                                                                                                    |                                               |                                        |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                    |                                               |                                        |
| Weber, Kristi             | Weber Behavioral Health                                                                          | 942 N 13th Geneva NB 68361                                                                                                         | (402)759-3802                                 | (402)759-3803                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                     | valuations; Adult Non-Residential Services Outpatient - Co-Occurrin                                                                | g Treatment                                   |                                        |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                  | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                      | (bio-psychosocial)                            |                                        |
| Juvenile Services:        |                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Assess<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessment: |                                               |                                        |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                    |                                               |                                        |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                   | 4545 S 86th St Lincoln NB 68520                                                                                                    | (402)759-3802                                 | (402)759-3803                          |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                    |                                               |                                        |
| Mental Health Services:   |                                                                                                  |                                                                                                                                    |                                               |                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Assessment: Mental Status Exam (MSE); Assess      | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: O<br>sment: Medication Management                                      | utpatient Psychiatric E                       | Evaluation;                            |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S | · · · · · · · · · · · · · · · · · · ·                                                                                              | Adult Non-Residential ervices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Juvenile Services:        |                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                  | ent Therapy including                         | Family Sessions-                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                                                                    | Fax                                                                                                               |
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|                           | 3 ,                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Andrews, Megan            | Boys Town                                                                                                                                                                                                                                                          | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                               | (308)224-3338                                                                                                            |                                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                                                          | Care (Agency Supported); Out-Of-Home: Emergency Foster Care;                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Fam                                                                                                       | ily Support Worker;                                                                                               |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)564-9994                                                                                                            | (402)562-6458                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                   | sessment Services Substance Abuse Evaluations; Adult Non-Resid<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)481-5392                                                                                                            |                                                                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adps; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | tesidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individua<br>It Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)429-1050                                                                                                            |                                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                   |
| Krejci, Ann               | Stephen Center                                                                                                                                                                                                                                                     | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)715-5453                                                                                                            | (402)715-5452                                                                                                     |
|                           | Adult Non-Residential Services Outpatient - Fami<br>Occurring Treatment; Adult Non-Residential Serv<br>Services Extended Residential; Adult Residential                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -Residential Services                                                                                                    | Outpatient - Co-                                                                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |                                                                                                                   |

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                  | Phone                                                             | Fax                                                                       |
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| Andrews, Megan            | Boys Town                                                                                                                                              | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                               | (308)224-3338                                                     |                                                                           |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Juvenile Services:        |                                                                                                                                                        | Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                                           | Non-Treatment: Fam                                                | ily Support Worker;                                                       |
| Other Comisses            | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                            |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Other Services.           | Bilingual Services;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Avalos, Mayra             | Region II- Human Services                                                                                                                              | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                          | (308)324-6754                                                     | (308)324-5518                                                             |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Adurtices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M                         | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                |                                                                   |                                                                           |
| Other Services.           | Sliding Fee Scale; Hearing Impaired;                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Crawford, Makayla         | Region II- Human Services                                                                                                                              | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                    | (308)284-6767                                                     | (308)284-3084                                                             |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Other Services:           | Bilingual Services;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Fisher, Joel              | Region II- Human Services                                                                                                                              | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                 | (308)539-1387                                                     | (308)532-1157                                                             |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |

Juvenile Services: Non-Treatment: Professional Partner

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                       | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                      | Fax                                                                                                                 |
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| Gill, Janeen                                                               | Serenity Counseling Services                                                                                                                                                                                                        | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)737-1351                                                                                              |                                                                                                                     |
| Substance Abuse Services:                                                  |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Mental Health Services:                                                    | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                            | tion                                                                                                       |                                                                                                                     |
| Juvenile Services:                                                         |                                                                                                                                                                                                                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includ<br>ental Health; Outpatient Therapy - Eating Disorder; Day Treatment [<br>ent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                     |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                                  | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                                                                     |
| Hipple, George                                                             | Greater Nebraska Monitoring, LLC                                                                                                                                                                                                    | 105 W. 6th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)520-8308                                                                                              |                                                                                                                     |
| Substance Abuse Services:                                                  |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Mental Health Services:                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Juvenile Services:                                                         | Contracted Services: Electronic Monitoring                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Johnson, Jill                                                              | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                              |                                                                                                                     |
| Substance Abuse Services:                                                  | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | aluations; Adult Non-Residential Services Intervention/Education; A<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Focurring Treatment; Adult Non-Residential Services Intensive Outparices Short Term Residential; Juvenile Assessment Services Substatenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurrice Non-Residential Services Partial Care; Juvenile Residential Services | Residential Services Catient Treatment; Adu nce Abuse Evaluation esidential Services Ong Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Juvenile Services:                                                         |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Other Services:                                                            | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |
| Martin, Kelly                                                              | Touchstone                                                                                                                                                                                                                          | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)474-4343                                                                                              | (402)474-6957                                                                                                       |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                    | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                                     |

| Name                      | Agency                                                                                                                                      | Address                                                                                                                                                                                                                                                          | Phone                                                          | Fax                                    |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------|
| Romero, Ana               | Region II- Human Services                                                                                                                   | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                  | (308)324-6754                                                  |                                        |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                |                                        |
|                           | Non-Treatment: Professional Partner                                                                                                         |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                            | ervices;                                                                                                                                                                                                                                                         |                                                                |                                        |
| Spencer, Jessie           | Region II- Human Services                                                                                                                   | 1012 West 3rd McCook NB 69001                                                                                                                                                                                                                                    | (308)345-2770                                                  | (308)345-2557                          |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                |                                        |
|                           | Non-Treatment: Professional Partner                                                                                                         |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                      |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Stermensky, Dr. Gage      |                                                                                                                                             | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                               | (417)413-0085                                                  | (308)832-4844                          |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juven                                        | valuations; Adult Non-Residential Services Outpatient - Group<br>sive Outpatient Treatment; Juvenile Assessment Services Sub<br>ile Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm               | ostance Abuse Evaluations;                                     | Juvenile Non-                          |
|                           | Mental Health; Outpatient Therapy - Youth Who<br>Who Sexually Harm; Assessment: Pre-Treatmer<br>Assessment: Juvenile Who Sexually Harm Risk | Outpatient Therapy including Group Sessions-Mental Health; C<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive<br>nt Assessment (Medicaid); Assessment: Mental Status Exam<br>Assessment; Assessment: Co-Occurring                                  | Outpatient: Intensive Outpat                                   | ient Therapy-Youth                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Vak, Ashley               | Region II- Human Services                                                                                                                   | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                         | (308)532-4860                                                  | (308)532-1157                          |
| Substance Abuse Services: |                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| Mental Health Services:   |                                                                                                                                             |                                                                                                                                                                                                                                                                  |                                                                |                                        |
|                           | Non-Treatment: Professional Partner                                                                                                         |                                                                                                                                                                                                                                                                  |                                                                |                                        |
| 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 Outpation Co-Occurring Treatment; Juvenile Assessment States                                         | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv<br>Services Substance Abuse Evaluations; Juvenile Non-Resider<br>Iuvenile Non-Residential Services Outpatient - Family; Juvenil | vidual; Adult Non-Residentia<br>ntial Services Intervention/Ed | Services Outpatient ducation; Juvenile |
|                           | Juvenile Non-Residential Services Outpatient - 0                                                                                            |                                                                                                                                                                                                                                                                  |                                                                | Outpatient - maividua                  |
|                           | Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                 |                                                                | ·                                      |
| Juvenile Services:        | Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment                                                 | (bio-psychosocial); Co-Occurring<br>Outpatient Therapy including Group Sessions-Mental Health; C                                                                                                                                                                 |                                                                | ·                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name         | Agency                    | Address                                  | Phone         | Fax           |
|--------------|---------------------------|------------------------------------------|---------------|---------------|
| White, Sarah | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)532-4860 | (308)532-1157 |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                          | Address                                                                                                                       | Phone                                                 | Fax                                  |
|---------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Andrews, Megan            | Boys Town                                                       | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                    | (308)224-3338                                         |                                      |
| Substance Abuse Services: |                                                                 |                                                                                                                               |                                                       |                                      |
| Mental Health Services:   |                                                                 |                                                                                                                               |                                                       |                                      |
| Juvenile Services:        |                                                                 | r Care (Agency Supported); Out-Of-Home: Emergency Foster                                                                      | Care; Non-Treatment: Fan                              | nily Support Worke                   |
| Other Services:           | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services; |                                                                                                                               |                                                       |                                      |
| Avalos, Mayra             | Region II- Human Services                                       | 307 East 5th Lexington NB 68850                                                                                               | (308)324-6754                                         | (308)324-5518                        |
| Substance Abuse Services: |                                                                 |                                                                                                                               |                                                       |                                      |
| Mental Health Services:   |                                                                 |                                                                                                                               |                                                       |                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                             |                                                                                                                               |                                                       |                                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                          |                                                                                                                               |                                                       |                                      |
| Benesch, Kevin            | HopeSpoke                                                       | 2444 O St Lincoln NB 68510                                                                                                    | (402)475-7666                                         | (402)476-9623                        |
| Substance Abuse Services: |                                                                 |                                                                                                                               |                                                       |                                      |
| Mental Health Services:   |                                                                 |                                                                                                                               |                                                       |                                      |
| Juvenile Services:        |                                                                 | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who<br>ent: Psychological Evaluation; Assessment: Juvenile Who Sexu  |                                                       |                                      |
| Other Services:           | Sliding Fee Scale;                                              |                                                                                                                               |                                                       |                                      |
| Crawford, Makayla         | Region II- Human Services                                       | 401 West 1st Street Ogallala NB 69153                                                                                         | (308)284-6767                                         | (308)284-3084                        |
| Substance Abuse Services: |                                                                 |                                                                                                                               |                                                       |                                      |
| Mental Health Services:   |                                                                 |                                                                                                                               |                                                       |                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                             |                                                                                                                               |                                                       |                                      |
| Other Services:           | Bilingual Services;                                             |                                                                                                                               |                                                       |                                      |
| Fisher, Joel              | Region II- Human Services                                       | 110 N. Bailey North Platte NB 69103-1208                                                                                      | (308)539-1387                                         | (308)532-1157                        |
| Substance Abuse Services: |                                                                 |                                                                                                                               |                                                       |                                      |
| Mental Health Services:   |                                                                 |                                                                                                                               |                                                       |                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                             |                                                                                                                               |                                                       |                                      |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se               | ervices;                                                                                                                      |                                                       |                                      |
| Gill, Janeen              | Serenity Counseling Services                                    | 1300 E 4th Suite H North Platte NB 69101                                                                                      | (308)737-1351                                         |                                      |
| Substance Abuse Services: |                                                                 |                                                                                                                               |                                                       |                                      |
|                           |                                                                 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E                                                                  |                                                       |                                      |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-M                  | natient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr | including Group Sessions-<br>nent Day Treatment-Menta | Mental Health;<br>al Health; Assessn |
| Other Services            | Pre-Treatment Assessment (Medicaid); Assessm                    | nent: Mental Status Exam (MSE)                                                                                                |                                                       |                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                | Fax                                                                                                                 |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                        |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>tient Treatment; Adu<br>ice Abuse Evaluation<br>sidential Services C<br>ig Treatment; Juven | Outpatient - Individua<br>ilt Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Other Services:           | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                          | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)474-4343                                                                                                        | (402)474-6957                                                                                                       |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                    | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Romero, Ana               | Region II- Human Services                                                                                                                                                                                                           | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)324-6754                                                                                                        |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                   | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                                                                                     |
| Spencer, Jessie           | Region II- Human Services                                                                                                                                                                                                           | 1012 West 3rd McCook NB 69001                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)345-2770                                                                                                        | (308)345-2557                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |
|                           | New Treatment, Duefaceianal Dartes                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |

Juvenile Services: Non-Treatment: Professional Partner Other Services: Sliding Fee Scale; Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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<br>Residential Services Outpatient - Groups; | use Evaluations; Adult Non-Residential Services Outpatient - Group<br>Intensive Outpatient Treatment; Juvenile Assessment Services Sub<br>Juvenile Non-Residential Services Outpatient - Individual<br>Isment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | stance Abuse Evaluations;    | Juvenile Non-       |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Tre        | alth; Outpatient Therapy including Group Sessions-Mental Health; On Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive eatment Assessment (Medicaid); Assessment: Mental Status Exam (In Risk Assessment; Assessment: Co-Occurring                          | Outpatient: Intensive Outpat | tient Therapy-Youth |
| Other Services:           | Sliding Fee Scale;                                                                      |                                                                                                                                                                                                                                                                          |                              |                     |
| Vak, Ashley               | Region II- Human Services                                                               | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                 | (308)532-4860                | (308)532-1157       |
| Substance Abuse Services: |                                                                                         |                                                                                                                                                                                                                                                                          |                              |                     |
| Mental Health Services:   |                                                                                         |                                                                                                                                                                                                                                                                          |                              |                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                     |                                                                                                                                                                                                                                                                          |                              |                     |
| Other Services:           | Sliding Fee Scale;                                                                      |                                                                                                                                                                                                                                                                          |                              |                     |
| White, Sarah              | Region II- Human Services                                                               | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                 | (308)532-4860                | (308)532-1157       |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

| 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: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential                                                                                                                                                                                                                     | ient - Family; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s Outpatient - Individual; A                                                                                                                  | dult Non-Residentia                                                                                                     | Services Outpatient                                                                                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                 | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| Barritt, Samantha         | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                             | 900 W Norfolk Ave Ste 200 Norfolk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NB 68701                                                                                                                                      | (402)370-3140                                                                                                           | (402)370-3373                                                                                       |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult I Assessment Services Substance Abuse Evaluar Monitoring SA/MH; Juvenile Non-Residential Se Services Outpatient - Individual; Juvenile Non-R Outpatient Treatment | g SA/MH; Adult Non-Residential Services Ouent - Individual; Adult Non-Residential Service<br>Residential Services Dual Residential (MH/Stions; Juvenile Non-Residential Services Intervices Outpatient - Groups; Juvenile Non-Residential Services - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Grou | Itpatient - Groups; Adult Notes Outpatient - Co-Occur<br>SA); Adult Residential Ser<br>ervention/Education; Juve<br>esidential Services Outpa | lon-Residential Servi<br>ring Treatment; Adul<br>vices Short Term Re-<br>nile Non-Residential<br>tient - Family; Juveni | ces Outpatient -<br>t Non-Residential<br>sidential; Juvenile<br>Services Care<br>le Non-Residential |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                 | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                                         |                                                                                                     |
|                           | Non-Treatment: Anger Management Class; Out Outpatient Therapy including Family Sessions-Nintensive Outpatient Therapy-Mental Health; Interpretable (Medicaid); Assessment: Co-Occurring                                                                                                                                                                      | Mental Health; Outpatient Therapy - Eating D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Disorder; Outpatient Thera                                                                                                                    | py - Co-occurring; In                                                                                                   | tensive Outpatient:                                                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                             | 4432 Sunrise Place Columbus NB 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 88601                                                                                                                                         | (402)564-9994                                                                                                           | (402)562-6458                                                                                       |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Intensive Outpa                                                                                                                                                                                                               | oups; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ient - Family; Adult Non-R                                                                                                                    |                                                                                                                         |                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| 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                                                                                       |
|                           | Adult Assessment Services Substance Abuse E                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                                                                                                         |                                                                                                     |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         |                                                                                                     |
|                           | Outpatient - Individual; Adult Non-Residential Se<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                            | ervices Outpatient - Co-Occurring Treatmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                                                                                                         |                                                                                                     |

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| Juvenile Services:                                                                                                            | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Substance Abuse Services:                                                                                                     | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Non-Residentia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aluations; 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Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual | lult Non-Residential<br>Outpatient - Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Services Outpatient -<br>s; Juvenile Non-                                                                                                                                          |
| Mental Health Services:                                                                                                       | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Frank, Abigail                                                                                                                | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Juvenile<br>Outpatient - Individual;                                                                                                             |
| Mental Health Services:<br>Juvenile Services:                                                                                 | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - Co<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt - Family; 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Juvenile<br>Outpatient - Individual;                                                                                                             |
| Mental Health Services:<br>Juvenile Services:<br>Other Services:<br>Grabowski, Karen                                          | Groups; Adult Non-Residential Services Outpatiec Co-Occurring Treatment; Juvenile Assessment Sinon-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Coutpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult Research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential; Co-Occurring Utpatient Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Co-Occurring  4432 Sunrise Place Columbus NB 68601  Faluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; 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Juvenile Non-Residential | dult Non-Residential ices Intervention/Ed esidential Services C t Therapy including (402)564-9994  Ult Non-Residential Services C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t Therapy including C t  | Services Outpatient - ucation; Juvenile Outpatient - Individual; Family Sessions-  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations;                         |
| Mental Health Services: Juvenile Services: Other Services: Grabowski, Karen Substance Abuse Services:                         | Groups; Adult Non-Residential Services Outpatiec Co-Occurring Treatment; Juvenile Assessment Sinon-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Coutpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face Services Outpatient - Face S | nt - Family; 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Juvenile Outpatient - Individual; Family Sessions-  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations;                         |
| Mental Health Services: Juvenile Services: Other Services: Grabowski, Karen Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatiec Co-Occurring Treatment; Juvenile Assessment Sinon-Residential Services Outpatient - Groups; Judynenile Non-Residential Services Outpatient - Coutpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Exfamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult Ruvenile Non-Residential Services Outpatient - Faco-Occurring Treatment; Juvenile Non-Residential Services Outpatient Treatment; Adult Ruvenile Non-Residential Services Outpatient - Faco-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Faco-Occurring Treatment - Faco-Occurring Tre | nt - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential; Co-Occurring Utpatient Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Co-Occurring  4432 Sunrise Place Columbus NB 68601  Faluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; 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Juvenile Outpatient - Individual; Family Sessions-  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations; I Services Outpatient - |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                      | Fax                                                                                                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                            | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)336-3200                                                                                                              | (402)336-3219                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                             | valuations; Juvenile Assessment Services Substance Abuse Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tions                                                                                                                      |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-Me                                                                                                                                                                                              | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpat ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Health; Outpatient The                                                                                                     |                                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                                                                                                        | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                                                                                              | (402)379-2487                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
|                           | Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatien Pre-Treatment Assessment (Medicaid); Assessment Risk Assessment                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpati-<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Out<br>t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensiv<br>nent: Mental Status Exam (MSE); Assessment: Psychological Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | patient: Intensive Outpe<br>e Outpatient- Eating D                                                                         | patient Therapy-Ment<br>Pisorder; Assessment                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
| Hergott, Mariah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                            | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                              |                                                                                                                   |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services                                                                                                                                         | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; a Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fa | Adult Non-Residential<br>Abuse Evaluations; J                                                                              | Services Intensive uvenile Non-                                                                                   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                   |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                   | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                              |                                                                                                                   |
|                           | Adult Assessment Services Substance Abuse Fy                                                                                                                                                                                                | valuations; Adult Non-Residential Services Intervention/Education; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dult Non-Residential                                                                                                       | Camilana Dantial Cana                                                                                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | ups; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>Occurring Treatment; Adult Non-Residential Services Intensive Outp<br>vices Short Term Residential; Juvenile Assessment Services Substa<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurre<br>Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Residential Services (<br>atient Treatment; Adu<br>ince Abuse Evaluation<br>esidential Services O<br>ing Treatment; Juveni | Outpatient - Individua<br>It Residential Servic<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |

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| Name                                          | Agency                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                            | Fax                                                                            |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Kennedy, Jenna                                | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                       | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)370-3140                                                                                    |                                                                                |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpati                                                                                                   | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | esidential Services O<br>venile Assessment S                                                     | utpatient - Individual;<br>services Substance                                  |
| Mental Health Services:                       |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                |
| Juvenile Services:                            | Non-Treatment: Anger Management Class                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                      | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                                |
| Laffin, Emily                                 | Heartland Counseling Services, Inc.                                                                                                                                                                    | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)494-3337                                                                                    |                                                                                |
| Substance Abuse Services:                     | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment - Co    | Family; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Res<br>outpatient - Family; Ju | sidential Services<br>patient Treatment;<br>sidential Services<br>evenile Non- |
| Mental Health Services:                       | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                        | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ccurring                                                                                         |                                                                                |
| Juvenile Services:                            | including Group Sessions-Mental Health; Outpati                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individual lent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | erapy - Co-occurring;                                                                            | Intensive Outpatient:                                                          |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                |
| Loberg, Katie                                 | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                    | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)370-3140                                                                                    |                                                                                |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Intensive Outpati<br>Abuse Evaluations; Juvenile Non-Residential Services                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Jurvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual | esidential Services O<br>venile Assessment S<br>patient - Groups; Juv                            | utpatient - Individual;<br>ervices Substance<br>enile Non-Residential          |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Co-Occurring                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                |
|                                               | Sliding Fee Scale;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                |
| Mackling, Jamie                               | Heartland Counseling Services, Inc.                                                                                                                                                                    | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)494-3337                                                                                    | (402)494-3655                                                                  |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S                                                                                                     | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dult Non-Residential<br>es Substance Abuse                                                       | Services Outpatient -<br>Evaluations; Juvenile                                 |

| Name                      | Agency                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                          | Fax                                                                             |
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|                           | Services Outpatient - Co-Occurring Treatment; Ju                                                                                                                                                                                              | uvenile Non-Residential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                               |                                                                                                | -                                                                               |
| Mental Health Services:   | <b>3</b> , ,                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                             | ervices;                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                 |
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                                                                | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                       | (402)371-3044                                                                                  | (402)371-9643                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                 |
| diversite dervices.       | 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 MacMental Health; Outpatient Therapy including Group Sessions-Menta ppy - Eating Disorder; Community Treatment Aide; Intensive Outpatie: Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contract | nagement Class; No<br>I Health; Outpatient -<br>ent: Intensive Outpati<br>y-Co-occurring; Asse | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>essment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                           | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                            | (402)370-3140                                                                                  | (402)370-3373                                                                   |
|                           | Non-Residential Services Outpatient - Family; Ad<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment | sesssment Services Substance Abuse Evaluations; Adult Non-Residult Non-Resideult Non-Residential Services Outpatient - Individual; Adult Non-Resideive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial); Co-Occurring; Psychological Evaluation                | dential Services Outp<br>sidential; Juvenile A<br>vices Outpatient - Fal                       | patient - Co-Occurring<br>ssessment Services<br>mily; Juvenile Non-             |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A<br>SE); Assessment: Psychological Evaluation; Assessment: Co-Occur                                                                                                                                                                                                | ssessment: Pre-Tre                                                                             |                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            | oc, Assessment. I sychological Evaluation, Assessment. Co-Occur                                                                                                                                                                                                                                                                                                                                               | illig                                                                                          |                                                                                 |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                                                     | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                        | (402)753-9415                                                                                  |                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Con                                                                                                                                                                                               | nflict Mediation; Non-Treatment: Expedited Family Group Conferenc                                                                                                                                                                                                                                                                                                                                             | е                                                                                              |                                                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |
| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                 |
| Mental Health Services:   | •                                                                                                                                                                                                                                             | tment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                 |

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                | Phone                                                              | Fax                                                                        |
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| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Stortvedt, Mark           | Oasis Counseling International                                                                                                                                                                                                                         | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                             | (402)379-2030                                                      | (402)379-3933                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                        | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adult                                                                                                                                                                                                                                                                                      | s who Sexually Harn                                                | n Evaluation                                                               |
|                           | Mental Health; Community Treatment Aide; Asset                                                                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                        | t Therapy including                                                | Family Sessions-                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Swanson, Jewel            | Heartland Counseling Services, Inc.                                                                                                                                                                                                                    | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                   | (402)241-7490                                                      |                                                                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                      | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                              |                                                                    |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                       | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                             | (402)370-3140                                                      |                                                                            |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |
| 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<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                        |                                                                    |                                                                            |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | •                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                            |
|                           |                                                                                                                                                                                                                                                        | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>Co-Occurring                                                                                                                                                                                        |                                                                    |                                                                            |

| Name                      | Agency                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                 | Fax                                                                                                                 |
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| Avalos, Mayra             | Region II- Human Services                                                                                                                                                                                                        | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (308)324-6754                                                                                                         | (308)324-5518                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                                        | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)475-7666                                                                                                         | (402)476-9623                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                  | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexualent: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Crawford, Makayla         | Region II- Human Services                                                                                                                                                                                                        | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (308)284-6767                                                                                                         | (308)284-3084                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
|                           | Non-Treatment: Professional Partner                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Fisher, Joel              | Region II- Human Services                                                                                                                                                                                                        | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (308)539-1387                                                                                                         | (308)532-1157                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                        | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)481-5392                                                                                                         |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>tient Treatment; Adu<br>ice Abuse Evaluation<br>sidential Services O<br>ig Treatment; Juveni | Outpatient - Individua<br>ilt Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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                                |                                                                                                                            |                             |               |
|                           | Non-Treatment: Day Reporting; Non-Treatment:      | General Education Class                                                                                                    |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Martin, Kelly             | Touchstone                                        | 2633 P St Lincoln NB 68503                                                                                                 | (402)474-4343               | (402)474-6957 |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia  | al                                                                                                                         |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
| Juvenile Services:        |                                                   |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Romero, Ana               | Region II- Human Services                         | 307 East 5th Lexington NB 68850                                                                                            | (308)324-6754               |               |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
|                           | Non-Treatment: Professional Partner               |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices;                                                                                                                   |                             |               |
| Stermensky, Dr. Gage      |                                                   | 1811 Avenue A Scottsbluff NB 69361                                                                                         | (417)413-0085               | (308)832-4844 |
| Substance Abuse Services: |                                                   | valuations; Adult Non-Residential Services Outpatient - Groups                                                             |                             |               |
|                           | · ·                                               | ive Outpatient Treatment; Juvenile Assessment Services Sub<br>le Non-Residential Services Outpatient - Individual          | stance Aduse Evaluations;   | Juvenile Non- |
| Mental Health Services:   |                                                   | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm                                                                 | Evaluation; Psychological E | valuation     |
| Juvenile Services:        |                                                   | utpatient Therapy including Group Sessions-Mental Health; O                                                                |                             |               |
|                           |                                                   | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive of the Assessment (Medicaid); Assessment: Mental Status Exam ( |                             |               |
|                           | Assessment: Juvenile Who Sexually Harm Risk       |                                                                                                                            | ,,                          |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Vak, Ashley               | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                   | (308)532-4860               | (308)532-1157 |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
|                           | Non-Treatment: Professional Partner               |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| White, Sarah              | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                   | (308)532-4860               | (308)532-1157 |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |

Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

| Name                      | Agency                                                  | Address                                                                                                                                                                                                            | Phone                  | Fax                   |
|---------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| Andrews, Megan            | Boys Town                                               | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                         | (308)224-3338          |                       |
| Substance Abuse Services: |                                                         |                                                                                                                                                                                                                    |                        |                       |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                                    |                        |                       |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)             | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                   | Non-Treatment: Fam     | nily Support Worker;  |
| Other Services:           | Bilingual Services;                                     |                                                                                                                                                                                                                    |                        |                       |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity        | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                               | (402)564-9994          | (402)562-6458         |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou        | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential            |                        |                       |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                                    |                        |                       |
| Juvenile Services:        |                                                         |                                                                                                                                                                                                                    |                        |                       |
| Other Services:           | Sliding Fee Scale;                                      |                                                                                                                                                                                                                    |                        |                       |
| Couillard, Mary           | Mid-Plains Center for Behavioral<br>Healthcare Inc      | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                               | (308)380-4695          | (308)385-1105         |
| Substance Abuse Services: |                                                         |                                                                                                                                                                                                                    |                        |                       |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                                    |                        |                       |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE) | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaio                                                                                                                                                    | d); Assessment: Men    | tal Status Exam       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                  |                                                                                                                                                                                                                    |                        |                       |
| Davis, Jennifer           | Jenna Davis Counseling                                  | 609 W 10 Rd Aurora NB 68818                                                                                                                                                                                        | (308)380-7700          | (308)382-0559         |
| Substance Abuse Services: |                                                         |                                                                                                                                                                                                                    |                        |                       |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                                    |                        |                       |
|                           | Mental Health; Assessment: Pre-Treatment Asses          | utpatient Therapy including Family Sessions-Mental Health; Intensive ssment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                       | e Outpatient: Intensiv | e Outpatient Therapy- |
| 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       | aluations; Adult Non-Residential Services Outpatient - Family; Adult<br>tient - Co-Occurring Treatment; Juvenile Assessment Services Subst<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat     | ions; Juvenile Non-   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (          | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                 | ion                    |                       |
|                           | 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;                                      |                                                                                                                                                                                                                    |                        |                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                       | Agency                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone                                                                                                                      | Fax                                                                                                                 |
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| Frances, Sonya             | Compassionate Healing Counseling Services Inc                                                                                                                                                                                                                  | 1811 W 2nd St Suite 420 Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)384-4617                                                                                                              | (844)270-3023                                                                                                       |
| Substance Abuse Services:  |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Mental Health Services:    | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                   | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                                                     |
|                            | (Medicaid)                                                                                                                                                                                                                                                     | Outpatient Therapy including Family Sessions-Mental Health; Assessi                                                                                                                                                                                                                                                                                                                                                                                                                    | ment: Pre-Treatment                                                                                                        | Assessment                                                                                                          |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Grabowski, Karen           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                            | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)564-9994                                                                                                              | (402)562-6458                                                                                                       |
| Substance Abuse Services:  | Family; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Adult F                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occul Residential Services Dual Residential (MH/SA); Juvenile Assessment Family; Juvenile Non-Residential Services Outpatient - Individual; Juviial Services Intensive Outpatient Treatment                                                                                                                                                        | rring Treatment; Adult<br>t Services Substance                                                                             | Non-Residential Abuse Evaluations;                                                                                  |
| Mental Health Services:    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Juvenile Services:         | Outpatient Therapy - Individual-Mental Health; C<br>Pre-Treatment Assessment (Medicaid)                                                                                                                                                                        | Outpatient Therapy including Family Sessions-Mental Health; Outpation                                                                                                                                                                                                                                                                                                                                                                                                                  | ent Therapy - Co-occ                                                                                                       | urring; Assessment:                                                                                                 |
| Other Services:            | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Holguin-Gutierrez, Valeria | Pathfinder Support Services                                                                                                                                                                                                                                    | 2720 S Locust St Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)675-1614                                                                                                              |                                                                                                                     |
| Substance Abuse Services:  |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Mental Health Services:    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Juvenile Services:         | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                  | eatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                     |
| Other Services:            | Bilingual Services;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Johnson, Jill              | Bryan Independence Center                                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)481-5392                                                                                                              |                                                                                                                     |
| Substance Abuse Services:  | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; A<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Foccurring Treatment; Adult Non-Residential Services Intensive Outp-<br>vices Short Term Residential; Juvenile Assessment Services Substate<br>renile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurrical<br>le Non-Residential Services Partial Care; Juvenile Residential Services | Residential Services (<br>atient Treatment; Adu<br>ince Abuse Evaluation<br>esidential Services O<br>ing Treatment; Juveni | Outpatient - Individua<br>alt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |
| Juvenile Services:         |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual 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;                                                                                                                                                                                 |                                                                                                                                            |                                              |                                        |
| Kissack, Cynthia          | Cynthia Kissack Counseling                                                                                                                                                                         | 2517 S August Grand Island NB 68801                                                                                                        | (308)379-8619                                | (308)385-5271                          |
| Substance Abuse Services: |                                                                                                                                                                                                    |                                                                                                                                            |                                              |                                        |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                    | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)                                                                                 |                                              |                                        |
| Juvenile Services:        |                                                                                                                                                                                                    | by-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating D<br>Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E |                                              | utpatient: Intensive                   |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C |                                                                                                                                            | dult Non-Residentia<br>vices Intervention/Ed | Services Outpatient ducation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       | • • •                                                                                                                                      |                                              |                                        |
|                           | Outpatient Therapy - Individual-Mental Health; As                                                                                                                                                  | ssessment: Mental Status Exam (MSE)                                                                                                        |                                              |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                            |                                              |                                        |
| McMinn-Rogers, Kimberly   | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                 | 914 Baumann Dr Grand Island NB 68803                                                                                                       | (316)651-6080                                | (308)385-1105                          |
| Substance Abuse Services: |                                                                                                                                                                                                    |                                                                                                                                            |                                              |                                        |
| Mental Health Services:   |                                                                                                                                                                                                    |                                                                                                                                            |                                              |                                        |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                                                                                                                            | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid                                                                            | ); Assessment: Mer                           | ntal Status Exam                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                            |                                              |                                        |
| Wright, Kara              | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                 | 914 Baumann Dr Grand Island NB 68803                                                                                                       | (308)379-8613                                |                                        |
| Substance Abuse Services: |                                                                                                                                                                                                    |                                                                                                                                            |                                              |                                        |
| Mental Health Services:   |                                                                                                                                                                                                    |                                                                                                                                            |                                              |                                        |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap                                                                                                                                                  | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid                                                                            | ); Assessment: Mer                           | ntal Status Exam                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                                                                                                                                                    | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Austen, Robin                                                                                                                                           | Region V Systems-Behavioral Health<br>Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Substance Abuse Services:                                                                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Mental Health Services:                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Juvenile Services:                                                                                                                                      | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Other Services:                                                                                                                                         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Dirks, Tamara                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Substance Abuse Services:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluations; Adult Non-Residential Services Intervention/Edutient - Family; Adult Non-Residential Services Outpatient - In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tpatient -                                           |
| Mental Health Services:                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Juvenile Services:                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Other Services:                                                                                                                                         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Dirks, Tamara                                                                                                                                           | Alcohol & Drug Solutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Substance Abuse Services:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluations; Adult Non-Residential Services Intervention/Edu<br>vices Outpatient - Groups; Adult Non-Residential Services Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |
|                                                                                                                                                         | Outpatient - Individual; Adult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tment                                                |
| Mental Health Services:                                                                                                                                 | Outpatient - Individual; Adult Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | itment                                               |
| Mental Health Services:<br>Juvenile Services:                                                                                                           | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | atment                                               |
| Juvenile Services:                                                                                                                                      | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | itment                                               |
| Juvenile Services:<br>Other Services:                                                                                                                   | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Services Outpatient - Co-Occurring Treatment; Adult Non-Res 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)435-3165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | atment                                               |
| Juvenile Services:<br>Other Services:<br>Doehling, Raechel                                                                                              | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | atment                                               |
| Juvenile Services:<br>Other Services:<br>Doehling, Raechel                                                                                              | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring Sliding Fee Scale; Houses of Hope Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | atment                                               |
| Juvenile Services: Other Services: Doehling, Raechel Substance Abuse Services:                                                                          | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring Sliding Fee Scale; Houses of Hope Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | atment                                               |
| Juvenile Services: Other Services: Doehling, Raechel Substance Abuse Services: Mental Health Services: Juvenile Services:                               | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring Sliding Fee Scale; Houses of Hope Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | trment                                               |
| Juvenile Services: Other Services: Doehling, Raechel Substance Abuse Services: Mental Health Services: Juvenile Services:                               | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring Sliding Fee Scale; Houses of Hope Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sidential Services Intensive Outpatient Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | atment                                               |
| Juvenile Services: Other Services: Doehling, Raechel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson, Jill | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring  Sliding Fee Scale;  Houses of Hope  Adult Residential Services Halfway-House  Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Adult Non-Residential Services Outpatient - Go Adult Non-Residential Services Outpatient - Co Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Go Non-Residential Services Outpatient - Co Dual Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient - Co Outpatient | Services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)435-3165  (402)481-5392  Ication; Adult Non-Residential Services Parallel Services Outpatient - I sive Outpatient Treatment; Adult Residential Services Outpatient - Foo-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Foo-Occurring Treatment - | tial Care<br>ndividua<br>al Servic<br>Non-<br>amily; |
| Juvenile Services: Other Services: Doehling, Raechel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson, Jill | Outpatient - Individual; Adult Non-Residential S Outpatient Therapy; Co-Occurring  Sliding Fee Scale;  Houses of Hope  Adult Residential Services Halfway-House  Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Adult Non-Residential Services Outpatient - Coth Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1124 N Cotner Blvd Lincoln NB 68505  1640 Lake St. Lincoln NB 68501  Evaluations; Adult Non-Residential Services Intervention/Eduroups; Adult Non-Residential Services Unterview Intervention Treatment; Adult Non-Residential Services Outpatient - Family; Actional Treatment; Adult Non-Residential; Juvenile Assessment Services Short Term Residential; Juvenile Assessment Services Undividual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-Residential Services Outpatient - Coups; Juvenile Non-R | (402)435-3165  (402)481-5392  Ication; Adult Non-Residential Services Parallel Services Outpatient - I sive Outpatient Treatment; Adult Residential Services Outpatient - Foo-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Foo-Occurring Treatment - | tial Care<br>ndividua<br>Il Servic<br>Non-<br>amily; |

| 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;                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                    |
| Martin, Kelly                                                                                                                                                                                                                                                                                                           | Touchstone                                                                                                                                                                                                                                                                                                                                                                              | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)474-4343                                      | (402)474-6957                      |
| Substance Abuse Services:                                                                                                                                                                                                                                                                                               | Adult Residential Services Short Term Residentia                                                                                                                                                                                                                                                                                                                                        | la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                    |
| Mental Health Services:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                    |
| Juvenile Services:                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                    |
| Other Services:                                                                                                                                                                                                                                                                                                         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                    |
| Nichols, Kayla                                                                                                                                                                                                                                                                                                          | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                                                                                                                                                      | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)261-9273                                      |                                    |
| Substance Abuse Services:                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                    |
| Mental Health Services:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                    |
| Invanila Cantiaga:                                                                                                                                                                                                                                                                                                      | Non-Treatment: Intensive Family Preservation: O                                                                                                                                                                                                                                                                                                                                         | outpatient Therapy - Individual-Mental Health; Outpatient Therap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , including Eamily Coccie                          |                                    |
| Juvernie Services.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                         | dipatient merapy - marvidual mental meatin, Outpatient merap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y including Family Sessic                          | ons-ivientai Healtn;               |
|                                                                                                                                                                                                                                                                                                                         | Outpatient Therapy - Eating Disorder Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                 | apatient merapy muvidual wental neath, outputient merap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y including Family Sessic                          | ons-Mental Healtn;                 |
|                                                                                                                                                                                                                                                                                                                         | Outpatient Therapy - Eating Disorder                                                                                                                                                                                                                                                                                                                                                    | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                      |                                    |
| Other Services:                                                                                                                                                                                                                                                                                                         | Outpatient Therapy - Eating Disorder Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , ,                                                |                                    |
| Other Services: Prater, Jackie Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                        | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke                                                                                                                                                                                                                                                                                                                       | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                      | (402)476-9623                      |
| Other Services: Prater, Jackie Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                        | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient                                                                                                                                                              | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                      | (402)476-9623                      |
| Other Services: Prater, Jackie Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                                                                                                                                                     | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke                                                                                                                                                                                                                                                                                                                       | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)475-7666                                      | (402)476-9623                      |
| Other Services: Prater, Jackie Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                                                                                                                                                     | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Pre-Treatment Assessment (Medical                                                                                                                                                                           | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)475-7666                                      | (402)476-9623                      |
| Other Services: Prater, Jackie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                                                                                                                                                                                     | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                     | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)475-7666  Treatment Day Treatme               | (402)476-9623<br>nt-Mental Health; |
| Other Services: Prater, Jackie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Schmidt, Sharon Substance Abuse Services: Mental Health Services:                                                                                                                                   | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Seather Resolution Center                                                                                                                                              | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;  120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623<br>nt-Mental Health; |
| Other Services:  Prater, Jackie  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:  Schmidt, Sharon  Substance Abuse Services:     Mental Health Services:     Juvenile Services:                                                                                        | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Set The Resolution Center  Non-Treatment: Juvenile Offender/Victim and Co                                                                                              | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623                      |
| Other Services:  Prater, Jackie  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:  Schmidt, Sharon  Substance Abuse Services:     Mental Health Services:     Juvenile Services:                                                                                        | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Seather Resolution Center                                                                                                                                              | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;  120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623<br>nt-Mental Health; |
| Other Services:  Prater, Jackie  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:  Schmidt, Sharon  Substance Abuse Services:     Mental Health Services:     Juvenile Services:                                                                                        | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Set The Resolution Center  Non-Treatment: Juvenile Offender/Victim and Co                                                                                              | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;  120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623<br>nt-Mental Health; |
| Other Services:  Prater, Jackie  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Schmidt, Sharon  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Other Services:                                                                     | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Set The Resolution Center  Non-Treatment: Juvenile Offender/Victim and Co Sliding Fee Scale;                                                                           | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;  120 South 5th Street Beatrice NB 68310  Inflict Mediation; Non-Treatment: Expedited Family Group Conferct T117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623<br>nt-Mental Health; |
| Other Services:  Prater, Jackie  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:  Schmidt, Sharon  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:     Other Services:     Stennis, Gladys  Substance Abuse Services: | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Seather The Resolution Center  Non-Treatment: Juvenile Offender/Victim and Cosliding Fee Scale; Infinite Avenues Counseling                                            | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;  120 South 5th Street Beatrice NB 68310  Inflict Mediation; Non-Treatment: Expedited Family Group Confercial Confermation (MSE) ervices (MSE) and (MSE) example (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623<br>nt-Mental Health; |
| Other Services:  Prater, Jackie  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:  Schmidt, Sharon  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:     Other Services:     Stennis, Gladys  Substance Abuse Services: | Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Individual-Mental Health; Or Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Set The Resolution Center  Non-Treatment: Juvenile Offender/Victim and Co Sliding Fee Scale; Infinite Avenues Counseling  Adult Assessment Services Substance Abuse Ev | 2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; Day aid); Assessment: Mental Status Exam (MSE) ervices;  120 South 5th Street Beatrice NB 68310  Inflict Mediation; Non-Treatment: Expedited Family Group Confercial Confermation (MSE) ervices (MSE) and (MSE) example (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited (MSE) expedited | (402)475-7666  Treatment Day Treatme (402)223-6061 | (402)476-9623<br>nt-Mental Health; |

| Name                                                                                                                                                | Agency                                                                                                                                                                                                                                                                                        |                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                           | Fax                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Stokebrand, Tera                                                                                                                                    | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                                                                                                                                                                                            | 942 N 13th St G                                                                                         | eneva NB 68361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)230-9130                                                                                                   |                                         |
| Substance Abuse Services:                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
| Mental Health Services:                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
| Juvenile Services:                                                                                                                                  | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                                                                                                                                                                                                   | utpatient Therapy in                                                                                    | cluding Family Sessions-Mental Health;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Assessment: Pre-Treatment                                                                                       | Assessment                              |
| Other Services:                                                                                                                                     | Sliding Fee Scale;                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
| Threats, Deb                                                                                                                                        | Associates in Counseling & Treatment                                                                                                                                                                                                                                                          | 600 North Cotne                                                                                         | r, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)261-6667                                                                                                   | (402)261-6526                           |
| Substance Abuse Services:                                                                                                                           | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                  |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | Services Outpatient                     |
| Mental Health Services:                                                                                                                             | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                               | ent - Family; Adult No                                                                                  | n-Residential Services Outpatient - Indiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ridual                                                                                                          |                                         |
| Juvenile Services:                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
|                                                                                                                                                     | 0" "                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
| Other Services:                                                                                                                                     | Sliding Fee Scale;                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |
| Other Services:<br>Trauernicht, Joellyn                                                                                                             | Sliding Fee Scale; Blue Valley Behavioral Health                                                                                                                                                                                                                                              | 1123 N 9th St                                                                                           | Beatrice NB 68310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)228-3386                                                                                                   | (402)228-2004                           |
|                                                                                                                                                     | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                   | valuations; Adult Nor                                                                                   | -Residential Services Intervention/Educa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ation; Adult Non-Residential S                                                                                  | Services Outpatien                      |
| Trauernicht, Joellyn<br>Substance Abuse Services:                                                                                                   | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Extended Residential                                                                                                                                              | valuations; Adult Nor<br>ent - Individual; Adult                                                        | -Residential Services Intervention/Educa<br>Non-Residential Services Intensive Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation; Adult Non-Residential S                                                                                  | Services Outpatien                      |
| Trauernicht, Joellyn Substance Abuse Services: Mental Health Services:                                                                              | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                 | valuations; Adult Nor<br>ent - Individual; Adult                                                        | -Residential Services Intervention/Educa<br>Non-Residential Services Intensive Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation; Adult Non-Residential S                                                                                  | Services Outpatien                      |
| Trauernicht, Joellyn Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                          | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                 | valuations; Adult Nor<br>ent - Individual; Adult                                                        | -Residential Services Intervention/Educa<br>Non-Residential Services Intensive Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation; Adult Non-Residential S                                                                                  | Services Outpatien                      |
| Trauernicht, Joellyn Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                          | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                 | valuations; Adult Nor<br>ent - Individual; Adult                                                        | -Residential Services Intervention/Educa<br>Non-Residential Services Intensive Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation; Adult Non-Residential S                                                                                  | Services Outpatien                      |
| Trauernicht, Joellyn Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                          | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment                                                                                                 | valuations; Adult Nor<br>ent - Individual; Adult                                                        | -Residential Services Intervention/Educa<br>Non-Residential Services Intensive Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation; Adult Non-Residential S                                                                                  | Services Outpatien                      |
| Trauernicht, Joellyn Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:                                          | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment  Sliding Fee Scale; Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex | valuations; Adult Norent - Individual; Adult (bio-psychosocial); (  1123 N 9th St valuations; Adult Nor | Residential Services Intervention/Education-Residential Services Intensive Outpost Co-Occurring  Beatrice NB 68310  Residential Services Intervention/Education-Residential Services Intervention-Residential Services Intervention-Resi | tion; Adult Non-Residential spatient Treatment; Adult Resident Treatment; Adult Residential \$\((402)228-3386\) | Services Outpatien<br>idential Services |
| Trauernicht, Joellyn Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:                                          | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Blue Valley Behavioral Health                                                | valuations; Adult Norent - Individual; Adult (bio-psychosocial); (  1123 N 9th St valuations; Adult Nor | Residential Services Intervention/Education-Residential Services Intensive Outpost Co-Occurring  Beatrice NB 68310  Residential Services Intervention/Education-Residential Services Intervention-Residential Services Intervention-Resi | tion; Adult Non-Residential spatient Treatment; Adult Resident Treatment; Adult Residential \$\((402)228-3386\) | Services Outpatien<br>idential Services |
| Trauernicht, Joellyn Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: White, Nichole Substance Abuse Services: | Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Extended Residential Outpatient Therapy; Pre-Treatment Assessment  Sliding Fee Scale; Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Ex | valuations; Adult Norent - Individual; Adult (bio-psychosocial); (  1123 N 9th St valuations; Adult Nor | Residential Services Intervention/Education-Residential Services Intensive Outpost Co-Occurring  Beatrice NB 68310  Residential Services Intervention/Education-Residential Services Intervention-Residential Services Intervention-Resi | tion; Adult Non-Residential spatient Treatment; Adult Resident Treatment; Adult Residential \$\((402)228-3386\) | Services Outpatien<br>idential Services |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                             | Address                                                                                                                                                                                                               | Phone                  | Fax                 |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| Austen, Robin                                      | Region V Systems-Behavioral Health<br>Authority                                                    | 1645 N Street Lincoln NB 68508                                                                                                                                                                                        | (402)471-4326          |                     |
| Substance Abuse Services:                          |                                                                                                    |                                                                                                                                                                                                                       |                        |                     |
| Mental Health Services:                            |                                                                                                    |                                                                                                                                                                                                                       |                        |                     |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                                |                                                                                                                                                                                                                       |                        |                     |
| 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;                                                                                 |                                                                                                                                                                                                                       |                        |                     |
| Denney, Rachel                                     | Parallels                                                                                          | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                                                    | (402)730-6802          |                     |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment                                  |                        |                     |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; O                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                  | nt Therapy - Co-occurr | ing                 |
| 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; Adies Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | amily; Adult Non-Resid | dential Services    |
| Mental Health Services:                            | Outpatient Therapy; Co-Occurring                                                                   |                                                                                                                                                                                                                       |                        |                     |
| Juvenile Services:                                 |                                                                                                    |                                                                                                                                                                                                                       |                        |                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                       |                        |                     |
| Dirks, Tamara                                      |                                                                                                    | 515 Washington St Sterling NB 68443                                                                                                                                                                                   | (402)461-4960          |                     |
| Substance Abuse Services:                          |                                                                                                    | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual                                                                              | ult Non-Residential Se | rvices Outpatient - |
| Mental Health Services:                            | 2.52ps,                                                                                            |                                                                                                                                                                                                                       |                        |                     |
| Juvenile Services:                                 |                                                                                                    |                                                                                                                                                                                                                       |                        |                     |

| Name                                  | Agency                                                                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                      | Fax                                      |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Doehling, Raechel                     | Houses of Hope                                                                                                                                                                                                                                                                                          | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)435-3165                                                                                                                                                              |                                          |
| Substance Abuse Services:             | Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Mental Health Services:               |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Juvenile Services:                    |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Other Services:                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Johnson, Jill                         | Bryan Independence Center                                                                                                                                                                                                                                                                               | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                                                              |                                          |
|                                       | Adult Non-Residential Services Outpatient - C<br>Dual Residential (MH/SA); Adult Residential S<br>Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient                                                                                                             | Groups; Adult Non-Residential Services Outpatient - Family; A Co-Occurring Treatment; Adult Non-Residential Services Intenservices Short Term Residential; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juver - Individual; Juvenile Non-Residential Services Outpatient - Cenile Non-Residential Services Partial Care; Juvenile Resider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sive Outpatient Treatment; Adult Resider<br>es Substance Abuse Evaluations; Juveni<br>nile Non-Residential Services Outpatient<br>Co-Occurring Treatment; Juvenile Non-Re  | ntial Servic<br>ile Non-<br>- Family;    |
| Mental Health Services:               |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Juvenile Services:                    |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Other Services:                       | Bilingual Services;                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Jones, James                          | Community Justice Center                                                                                                                                                                                                                                                                                | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                                                                                                                                              |                                          |
| Substance Abuse Services:             |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Mental Health Services:               | Outpatient Therapy                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Juvenile Services:                    | Non-Treatment: Day Reporting; Non-Treatme                                                                                                                                                                                                                                                               | nt: General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |                                          |
| Other Services:                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
| Koch, Lori                            | Stephen Center                                                                                                                                                                                                                                                                                          | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459 (402)7                                                                                                                                                       | 15-5452                                  |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                          |
|                                       | Groups; Adult Non-Residential Services Outp<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Short Term Residential;<br>SA/MH; Juvenile Non-Residential Services On                                                                                                             | E Evaluations; Adult Non-Residential Services Care Monitoring atient - Family; Adult Non-Residential Services Outpatient - Ir ial Services Intensive Outpatient Treatment; Adult Residential Juvenile Assessment Services Substance Abuse Evaluations utpatient - Groups; Juvenile Non-Residential Services Outpatitial Services Outpatitial Services Outpatient - Co-Occurring Treatment; Juvenile Nent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dividual; Adult Non-Residential Services<br>Services Dual Residential (MH/SA); Adu<br>; Juvenile Non-Residential Services Care<br>ent - Family; Juvenile Non-Residential S | Outpatien<br>ult<br>Monitorin<br>ervices |
| Mental Health Services:               | Groups; Adult Non-Residential Services Outp<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Short Term Residential;<br>SA/MH; Juvenile Non-Residential Services Of<br>Outpatient - Individual; Juvenile Non-Residen<br>Treatment<br>Outpatient Therapy; Pre-Treatment Assessme | atient - Family; Adult Non-Residential Services Outpatient - Ir ial Services Intensive Outpatient Treatment; Adult Residential Juvenile Assessment Services Substance Abuse Evaluations utpatient - Groups; Juvenile Non-Residential Services Outpatitial Services Outpatitial Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interes | dividual; Adult Non-Residential Services<br>Services Dual Residential (MH/SA); Adu<br>; Juvenile Non-Residential Services Care<br>ent - Family; Juvenile Non-Residential S | Outpatien<br>ult<br>Monitorin<br>ervices |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                          | Agency                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                             | Fax                                                                       |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| Martin, Kelly                                 | Touchstone                                                                                                                                         | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                | (402)474-4343                                                     | (402)474-6957                                                             |
| Substance Abuse Services:                     | Adult Residential Services Short Term Resident                                                                                                     | ial                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                           |
| Mental Health Services:                       |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| Juvenile Services:                            |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| McNichols, Stephanie                          |                                                                                                                                                    | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                    | (402)440-6496                                                     |                                                                           |
| Substance Abuse Services:                     | Groups; Adult Non-Residential Services Outpati<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>a; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                           |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; C<br>Mental Health; Outpatient Therapy - Co-occurring                                               | Outpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                      | nt Therapy including                                              | Family Sessions-                                                          |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                 | 9                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                           |
| Paine, Mary                                   | Counseling Affiliates of Nebraska                                                                                                                  | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                               | (402)488-0077                                                     | (402)488-0017                                                             |
| Substance Abuse Services:                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| Mental Health Services:                       | EPC Crisis Center; Outpatient Therapy; Pre-Tre                                                                                                     | atment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                                                                                                                                                                                                         | aluation; Psychologi                                              | cal Evaluation                                                            |
| Juvenile Services:                            |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| Polk, Marcus                                  | Gateway Transitional Housing LLC                                                                                                                   | 13217 C St Omaha NB 68144                                                                                                                                                                                                                                                                                                                                                 | (917)932-4321                                                     |                                                                           |
| Mental Health Services:<br>Juvenile Services: | Groups; Adult Non-Residential Services Outpati<br>Outpatient Therapy                                                                               | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                             | ult Non-Residential                                               | Services Outpatient -                                                     |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |
| Schmidt, Sharon                               | The Resolution Center                                                                                                                              | 120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                                                                                                                                    | (402)223-6061                                                     | (402)223-6625                                                             |
| Substance Abuse Services:                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                           |

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

| Name                      | Agency                                                                                                                                                                                                                                                                                                        |                                                                                               | Address                                                                                                                                                                                              | Phone                                                                                        | Fax                                                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Threats, Deb              | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                          | 600 North Cotne                                                                               | r, Ste.119 Lincoln NB 68505                                                                                                                                                                          | (402)261-6667                                                                                | (402)261-6526                                                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                  | ,                                                                                             | •                                                                                                                                                                                                    | dult Non-Residential                                                                         | Services Outpatient -                                             |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                               | nt - Family; Adult No                                                                         | n-Residentiai Services Outpatient - Individuai                                                                                                                                                       |                                                                                              |                                                                   |
| 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 Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential                                                                                                                                                                                       |                                                                                               |                                                                                                                                                                                                      |                                                                                              |                                                                   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                  | (bio-psychosocial); (                                                                         | co-Occurring                                                                                                                                                                                         |                                                                                              |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                                                                                                                      |                                                                                              |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                                                                                                                                      |                                                                                              |                                                                   |
| Walker-Vinal, Kristin     | Sage Counseling Omaha LLC                                                                                                                                                                                                                                                                                     | 13808 U St Om                                                                                 | aha NB 68137                                                                                                                                                                                         | (402)686-9856                                                                                |                                                                   |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia<br>Residential Services Outpatient - Individual; Juve | es Outpatient - Grou<br>rvices Outpatient - C<br>Evaluations; Juveni<br>al Services Outpatier | os; Adult Non-Residential Services Outpatient -<br>o-Occurring Treatment; Adult Non-Residential S<br>e Non-Residential Services Intervention/Educa<br>nt - Groups; Juvenile Non-Residential Services | Family; Adult Non-Re<br>Services Intensive Oution; Juvenile Non-Re<br>Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>esidential Services |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                                                                                                                      |                                                                                              |                                                                   |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                            |                                                                                               |                                                                                                                                                                                                      | ent Therapy including                                                                        | Family Sessions-                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                            | y, 710000011101111. 00 C                                                                      | Courting                                                                                                                                                                                             |                                                                                              |                                                                   |
| White, Nichole            | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                 | 1123 N 9th St                                                                                 | Beatrice NB 68310                                                                                                                                                                                    | (402)228-3386                                                                                |                                                                   |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                               |                                                                                               |                                                                                                                                                                                                      | dult Non-Residential                                                                         | Services Outpatient -                                             |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                               | ,,                                                                                            |                                                                                                                                                                                                      |                                                                                              |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                                                                                                                      |                                                                                              |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                                                                                                                                      |                                                                                              |                                                                   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                | Phone                | Fax                 |
|---------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Andrews, Megan            | Boys Town                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                             | (308)224-3338        |                     |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                        |                      |                     |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                        |                      |                     |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)         | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                       | lon-Treatment: Fam   | ily Support Worker; |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                        |                      |                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                   | (402)564-9994        | (402)562-6458       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential           |                      |                     |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                        |                      |                     |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                        |                      |                     |
| 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                                                 | aluations; Adult Non-Residential Services Outpatient - Family; Adult N<br>tient - Co-Occurring Treatment; Juvenile Assessment Services Substa<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat   | ions; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                    | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                    | on                   |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring                                                                                                                                 | nt 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:   | Outpatient Therapy; Pre-Treatment Assessment (                                                    | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                    | on                   |                     |
| Juvenile Services:        |                                                                                                   | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da<br>ent: Mental Status Exam (MSE)                                        |                      |                     |
| Other Services:           | Sliding Fee Scale;                                                                                | ` ,                                                                                                                                                                                                                    |                      |                     |
| Hargis, Kirsten           | Pathfinder Support Services                                                                       | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                   | (402)460-9851        |                     |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                        |                      |                     |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                        |                      |                     |

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Family Partner

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| Name                                          | Agency                                                                                                                                                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                  | Fax                                                                                                                |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Johnson, Jill                                 | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                          |                                                                                                                    |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ace Abuse Evaluation<br>esidential Services O<br>ag Treatment; Juveni | Outpatient - Individua<br>It Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Other Services:                               | 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;                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Koch, Lori                                    | Stephen Center                                                                                                                                                                                                                                                                                                                                                        | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)715-5459                                                                                                          | (402)715-5452                                                                                                      |
| Mental Health Services:<br>Juvenile Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential<br>Treatment<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Co-occurring; Intensive Out | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services E enile Assessment Services Substance Abuse Evaluations; Juvenile I atient - Groups; Juvenile Non-Residential Services Outpatient - Famil Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Therapy-Co-occurring                    | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Res                            | Services Outpatient<br>/SA); Adult<br>vices Care Monitoring<br>idential Services                                   |
| 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:                       | Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -Residential Services                                                                                                  | S Outpatient - Co-                                                                                                 |
| Juvenile Services:                            | O                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                    |

| Name                      | Agency                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                 | Fax                                                                       |
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| Riley, Suzanne            | Suzanne Riley Counseling LLC                                                                                                                                                                       | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                  | (308)398-0350                                                         | (308)398-0351                                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>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 Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>ces Substance Abuson-<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:   | Convided interiore Calpations Froatment                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                           |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;<br>ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kins                                                                                                                                         | Intensive Outpatient:                                                 | Intensive Outpatient                                                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                           |
| Rivera, Elia              |                                                                                                                                                                                                    | 312 North Elm Street Suite 105 Grand Island NB 68801                                                                                                                                                                                                                                                                                                      | (308)383-2208                                                         |                                                                           |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | •                                                                                                                                                                                                                                                                                                                                                         | dult Non-Residential vices Intervention/Ed                            | Services Outpatient -<br>lucation; Juvenile                               |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                                                                                                                     | co-Occurring                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                           |
|                           | Outpatient Therapy - Co-occurring                                                                                                                                                                  | atient Therapy - Individual-Mental Health; Outpatient Therapy includi                                                                                                                                                                                                                                                                                     | ng Group Sessions-N                                                   | Mental Health;                                                            |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                           |
| 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<br>Services Intensive Outpatient Treatment; Juvenile                                                                                              | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Nonamily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment                               | ing Treatment; Adult<br>-Residential Services                         | Non-Residential Outpatient - Groups;                                      |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                           |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatien a; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                       |                                                                       | 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<br>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-Ro-Cocurring Treatment                                                                               | dult Non-Residential vices Intervention/Ed                            | Services Outpatient -<br>lucation; Juvenile                               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                           |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                              | Fax                                                                       |
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| Andrews, Megan            | Boys Town                                                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)224-3338                                                      |                                                                           |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                       | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Non-Treatment: Fam                                                 | nily Support Worker;                                                      |
| Other Services:           | Bilingual Services;                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Avalos, Mayra             | Region II- Human Services                                                                                                         | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (308)324-6754                                                      | (308)324-5518                                                             |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| 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: |                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                           |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                           |
| Juvenile Services:        |                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Benesch, Kevin            | HopeSpoke                                                                                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                      | (402)476-9623                                                             |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                           |
| Juvenile Services:        |                                                                                                                                   | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexualty Psychological Evaluation; Assessment: Juvenile Who Sexually 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                                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring Individual - Co-Occurring | dult Non-Residentia<br>ces Substance Abus<br>on-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                           |
| Juvenile Services:        |                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A<br>SE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                           |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                              | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                           |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                             | Fax                                                         |
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| Crawford, Makayla         | Region II- Human Services                                                                                                                               | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                        | (308)284-6767                                                                                     | (308)284-3084                                               |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
|                           | Non-Treatment: Professional Partner                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Other Services:           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Fisher, Joel              | Region II- Human Services                                                                                                                               | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                     | (308)539-1387                                                                                     | (308)532-1157                                               |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                        | Services;                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   |                                                             |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                            | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                     | (308)737-1351                                                                                     |                                                             |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | t (bio-psychosocial); Co-Occurring; Adults who Sexually H                                                                                                                                                                                                                                                                                                    | arm Evaluation                                                                                    |                                                             |
| Juvenile Services:        |                                                                                                                                                         | patient Therapy - Individual-Mental Health; Outpatient The<br>Mental Health; Outpatient Therapy - Eating Disorder; Day T<br>ment: Mental Status Exam (MSE)                                                                                                                                                                                                   |                                                                                                   |                                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      | Horit. Morital Status Exam (WOE)                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                             |
| 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<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Non-Residential Services Intervention/F | valuations; Adult Non-Residential Services Intervention/Ecces Outpatient - Groups; Adult Non-Residential Services Cervices Outpatient - Co-Occurring Treatment; Juvenile Ass Education; Juvenile Non-Residential Services Care Monito Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services | Outpatient - Family; Adult Non-Resessment Services Substance Aboring SA/MH; Juvenile Non-Resident | sidential Services<br>buse Evaluations;<br>lential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | t (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C<br>Mental Health; Outpatient Therapy - Eating Diso                                                     | Dutpatient Therapy including Group Sessions-Mental Healiorder                                                                                                                                                                                                                                                                                                | th; Outpatient Therapy including                                                                  | Family Sessions-                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      | ·· <del>·</del>                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |
|                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                             |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Contracted Services: Electronic Monitoring

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                  | Fax                                                                                                                  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                          |                                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>tient Treatment; Adu<br>ice Abuse Evaluation<br>esidential Services C<br>ing Treatment; Juven | Outpatient - Individua<br>ult Residential Servicons;<br>Juvenile Non-<br>Outpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Other Services:           | 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;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                           | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)284-4491                                                                                                          | (308)284-4100                                                                                                        |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                            | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)474-4343                                                                                                          | (402)474-6957                                                                                                        |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                      | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Romero, Ana               | Region II- Human Services                                                                                                                                                                                                             | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)324-6754                                                                                                          |                                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |
| luvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                      |

Juvenile Services: Non-Treatment: Professional Partner

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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<br>Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance rele Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations;                            | Juvenile Non-                          |
| Juvenile Services:                                | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Youth Who     | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A                                                       | nt Therapy including<br>ent: Intensive Outpat | Family Sessions-<br>ient Therapy-Youth |
| Tidyman, Mary                                     | Heartland Counseling                                                                                  | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                   | (308)534-6029                                 |                                        |
|                                                   | <u> </u>                                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                            | ,                                             | Services Outnation                     |
| Substance Abuse Services.                         | Groups; Adult Non-Residential Services Outpatie                                                       |                                                                                                                                                                                                                                                                  | uit Non-Nesideiliai                           | Services Outpatien                     |
| Mental Health Services:                           |                                                                                                       |                                                                                                                                                                                                                                                                  |                                               |                                        |
| Juvenile Services:                                |                                                                                                       |                                                                                                                                                                                                                                                                  |                                               |                                        |
| Other Services:                                   | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                  |                                               |                                        |
| Vak, Ashley                                       | Region II- Human Services                                                                             | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                         | (308)532-4860                                 | (308)532-1157                          |
| Substance Abuse Services:                         |                                                                                                       |                                                                                                                                                                                                                                                                  |                                               |                                        |
| Mental Health Services:                           |                                                                                                       |                                                                                                                                                                                                                                                                  |                                               |                                        |
| Juvenile Services:                                | Non-Treatment: Professional Partner                                                                   |                                                                                                                                                                                                                                                                  |                                               |                                        |
| Other Services:                                   | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                  |                                               |                                        |
| White, Sarah                                      | Region II- Human Services                                                                             | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                         | (308)532-4860                                 | (308)532-1157                          |
| Substance Abuse Services: Mental Health Services: |                                                                                                       |                                                                                                                                                                                                                                                                  |                                               |                                        |

Juvenile Services: Non-Treatment: Professional Partner

| 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                                                                                                                                                                                                          | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Adult Residential Services D      | dult Non-Residential                                                   | Services Outpatient -                                                  |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                       |                                                                        |                                                                        |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                       |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                         | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                   | (402)564-9994                                                          | (402)562-6458                                                          |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                         | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential          |                                                                        |                                                                        |
| Mental Health Services:                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Juvenile Services:                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| 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                                                                                                                                                                                                          | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - F<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re                                                    | sidential Services                                                     |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                       |                                                                        |                                                                        |
| Juvenile Services:                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                                                                        |                                                                        |
| Frank, Abigail                                | Heartland Counseling Services, Inc.                                                                                                                                                                                                                      | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                   | (402)336-2800                                                          | (402)336-2849                                                          |
| Mental Health Services:                       | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C<br>Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                | dult Non-Residential<br>rices Intervention/Ed<br>esidential Services ( | Services Outpatient -<br>lucation; Juvenile<br>Outpatient - Individual |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone                                                                                                                | Fax                                                                                                                  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)564-9994                                                                                                        | (402)562-6458                                                                                                        |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                                                                                                                                                                                                                                           | raluations; Adult Non-Residential Services Intervention/Education; Adnt - Individual; Adult Non-Residential Services Outpatient - Co-Occurricesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveral Services Intensive Outpatient Treatment                                                                                                                                                | ng Treatment; Adult<br>Services Substance                                                                            | Non-Residential<br>Abuse Evaluations;                                                                                |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                             | nt Therapy - Co-occu                                                                                                 | ırring; Assessment:                                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                                                                                                                                                                                                               | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)336-3200                                                                                                        | (402)336-3219                                                                                                        |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                   | raluations; Juvenile Assessment Services Substance Abuse Evaluation                                                                                                                                                                                                                                                                                                                                                                                                              | ns                                                                                                                   |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)481-5392                                                                                                        |                                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir                                                                                                                                                                                            | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Redoccurring Treatment; Adult Non-Residential Services Intensive Outpatrices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>ient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services Ou<br>g Treatment; Juvenil | outpatient - Individual;<br>It Residential Services<br>is; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                      |
| Other Services:           | 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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                    | Fax                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Kennedy, Jenna                                     | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                        | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                                            |                                                                           |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Intensive Outpat                                                                                                                                                                                      | assessment Services Substance Abuse Evaluations; Adult Non-Fups; Adult Non-Residential Services Outpatient - Family; Adult Nient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Coutpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - G | Ion-Residential Services Ou<br>ial; Juvenile Assessment Se                                                                                               | itpatient - Individual<br>ervices Substance                               |
| Mental Health Services:                            | •                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Juvenile Services:                                 | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |                                                                           |
| Laffin, Emily                                      | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 87 (402)494-3337                                                                                                                                         |                                                                           |
|                                                    | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Resident<br>Residential Services Outpatient - Individual; Juventensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ses Outpatient - Groups; Adult Non-Residential Services Outpatient outpatient - Co-Occurring Treatment; Adult Non-Resident e Evaluations; Juvenile Non-Residential Services Intervention/Educations outpatient - Groups; Juvenile Non-Residential Services Outpatient outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent - Family; Adult Non-Res<br>tial Services Intensive Outp<br>ducation; Juvenile Non-Resi<br>ces Outpatient - Family; Juv<br>nent; Juvenile Non-Residen | idential Services<br>atient Treatment;<br>dential Services<br>venile Non- |
|                                                    |                                                                                                                                                                                                                                                                                         | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                           |
| Juvenile Services:                                 | including Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                          | -Treatment: General Education Class; Outpatient Therapy - Indivitient Therapy including Family Sessions-Mental Health; Outpatie<br>y Treatment Day Treatment-Mental Health; Assessment: Pre-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Therapy - Co-occurring; I                                                                                                                             | ntensive Outpatien                                                        |
| Other Services:                                    | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Mackling, Jamie                                    | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 87 (402)494-3337                                                                                                                                         | (402)494-3655                                                             |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Educatio<br>ent - Family; Adult Non-Residential Services Outpatient - Individu<br>Services Intensive Outpatient Treatment; Juvenile Assessment Say; Juvenile Non-Residential Services Outpatient - Groups; Juvenindividual; Juvenile Non-Residential Services Outpatient - Co-Oc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ual; Adult Non-Residential S<br>Services Substance Abuse lile Non-Residential Services                                                                   | Services Outpatient<br>Evaluations; Juveni<br>S Outpatient - Famil        |
| Mental Health Services:                            | •                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |                                                                           |
| Roberts, Kristine                                  | Nebraska Mediation Center                                                                                                                                                                                                                                                               | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)753-9415                                                                                                                                            |                                                                           |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                           |

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                | Add                                                                                                                  | ress                                                                                                         | Phone                                                                     | Fax                                           |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------|
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                                                                                                                                                   | 221 West Douglas St O'Neill                                                                                          | NB 68763                                                                                                     | (402)336-2800                                                             |                                               |
|                           | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment<br>Outpatient Therapy; Pre-Treatment Assessment                                                             | ent - Family; Adult Non-Residential S                                                                                |                                                                                                              |                                                                           |                                               |
|                           | Non-Treatment: Anger Management Class; Outp<br>Outpatient Therapy including Family Sessions-M<br>Treatment Assessment (Medicaid); Assessment:                                                                                         | atient Therapy - Individual-Mental Hental Hental Health; Outpatient Therapy - E                                      |                                                                                                              |                                                                           |                                               |
| Other Services:           | , , ,                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                              |                                                                           |                                               |
| Yunker, Kimberley         | 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<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education<br>Juvenile Non-Residential Services Outpatient - In | ent - Family; Adult Non-Residential S<br>Services Intensive Outpatient Treatr<br>; Juvenile Non-Residential Services | Services Outpatient - Individual; Ao<br>nent; Juvenile Assessment Servic<br>Outpatient - Groups; Juvenile No | dult Non-Residential S<br>ses Substance Abuse I<br>n-Residential Services | Services Outpatient -<br>Evaluations; Juvenil |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                              |                                                                           |                                               |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                                                                                                |                                                                                                                      |                                                                                                              |                                                                           |                                               |
| Other Services:           | Sliding Fee Scale: Hearing Impaired: Bilingual Se                                                                                                                                                                                     | ervices.                                                                                                             |                                                                                                              |                                                                           |                                               |

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

| Name                                        | Agency                                                                                      | Address                                                                                                                                                                                                                                                                     | Phone              | Fax                 |
|---------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|
| Arriaga, Ruby                               | Valley Youth Connections                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                    | (308)633-0110      | (308)633-0112       |
| Substance Abuse Services:                   |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
| Mental Health Services:                     |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
|                                             | • • • • • • • • • • • • • • • • • • • •                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                    |                    |                     |
| Other Services:                             | Bilingual Services;                                                                         |                                                                                                                                                                                                                                                                             |                    |                     |
| Arriaga-Velez, Brenda                       | Valley Youth Connections                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                    | (308)633-0110      | (308)633-0112       |
| Substance Abuse Services:                   |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
| Mental Health Services:                     |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
|                                             | • • • • • • • • • • • • • • • • • • • •                                                     | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                     |                    |                     |
| Other Services:                             | Bilingual Services;                                                                         |                                                                                                                                                                                                                                                                             |                    |                     |
| Baker, Guadalupe                            | Alcohol and Drug Addiction                                                                  | 3321 Ave I Suite C Scottsbluff NB 69361                                                                                                                                                                                                                                     | (308)631-1709      | (308)635-7412       |
| Mental Health Services:  Juvenile Services: | Groups; Adult Non-Residential Services Outpatie                                             | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outlential Services Outlential Services Outpatient - Individual | uvenile Assessment | Services Substance  |
|                                             | Bilingual Services;                                                                         |                                                                                                                                                                                                                                                                             |                    |                     |
| Benesch, Kevin                              | HopeSpoke                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                  | (402)475-7666      | (402)476-9623       |
| Substance Abuse Services:                   |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
| Mental Health Services:                     |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
| Juvenile Services:                          |                                                                                             | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually He                                                                                                                                        |                    |                     |
| Other Services:                             | Sliding Fee Scale;                                                                          |                                                                                                                                                                                                                                                                             |                    |                     |
| Chavez, Mario                               | Optimal Family Preservation                                                                 | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                                                                                                        | (308)633-3703      | (308)633-3837       |
| Substance Abuse Services:                   |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
| Mental Health Services:                     |                                                                                             |                                                                                                                                                                                                                                                                             |                    |                     |
| Juvenile Services:                          | Out-Of-Home Shelter Care; Out-Of-Home: Group Reporting; Non-Treatment: General Education Cl | Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment:                                                                                                                                                                                                                | Day Reporting; Non | -Treatment: Evening |
| Other Services:                             | Bilingual Services;                                                                         | 400                                                                                                                                                                                                                                                                         |                    |                     |

| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | t - Family; Adult Non-Resi<br>I Services Intensive Outpa<br>MH; Juvenile Non-Resider                                            | dential Services<br>atient Treatment;<br>ntial Services |
| Mental Health Services:                                                                                 | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                         |
|                                                                                                         |                                                                                                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt<br>g                                                                                                                                                                                                              |                                                                                                                                 |                                                         |
| Cooper, Penny                                                                                           |                                                                                                                                                                                                                                                                                                     | 515 Elm St Bayard NB 69334                                                                                                                                                                                                                                                                                                                              | (308)631-5523                                                                                                                   |                                                         |
| Substance Abuse Services:                                                                               | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                                                                                                                     | aluations; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                                                                                                                                                      | Juvenile Assessment Ser                                                                                                         | vices Substance                                         |
| Mental Health Services:                                                                                 | •                                                                                                                                                                                                                                                                                                   | vioos calpation. Mariada                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                         |
| Juvenile Services:                                                                                      |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                                         |
| Other Services:                                                                                         | Hearing Impaired;                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                                         |
| Crouch, Samuel                                                                                          |                                                                                                                                                                                                                                                                                                     | 120 E 16th St Suite C Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                              | (308)225-0500                                                                                                                   |                                                         |
|                                                                                                         | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Ser<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         | Juvenile Assessment Ser                                                                                                         | vices Substance                                         |
|                                                                                                         | Outpatient Therapy - Individual-Mental Health; Or                                                                                                                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme                                                                                                                                                                                                                         | tient Therapy including Fa                                                                                                      | amily Sessions-                                         |
| Other Services:                                                                                         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                  | · · · · · ·                                                                                                                                                                                                                                                                                                                                             | J                                                                                                                               |                                                         |
|                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                                         |
| Crouch, Samuel                                                                                          | Valley Youth Connections                                                                                                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                | (308)225-0500                                                                                                                   |                                                         |
| Crouch, Samuel Substance Abuse Services:                                                                | <u> </u>                                                                                                                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                | (308)225-0500                                                                                                                   |                                                         |
| Substance Abuse Services:                                                                               | <u> </u>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         | (308)225-0500                                                                                                                   |                                                         |
| Substance Abuse Services: Mental Health Services:                                                       | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; Outpatient Therapy including Family Sessions-Me                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                         | including Group Sessions                                                                                                        | -Mental Health;<br>t: Pre-Treatment                     |
| Mental Health Services:<br>Juvenile Services:                                                           | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; O                                                                                                                                                                                                        | (bio-psychosocial) outpatient Therapy - Individual-Mental Health; Outpatient Therapy                                                                                                                                                                                                                                                                    | including Group Sessions                                                                                                        | -Mental Health;<br>t: Pre-Treatment                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                 | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me Assessment (Medicaid)                                                                                                                                  | (bio-psychosocial) outpatient Therapy - Individual-Mental Health; Outpatient Therapy                                                                                                                                                                                                                                                                    | including Group Sessions                                                                                                        | -Mental Health;<br>t: Pre-Treatment                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Crouch, Samuel | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me Assessment (Medicaid) Sliding Fee Scale; Cirrus House Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | (bio-psychosocial)<br>outpatient Therapy - Individual-Mental Health; Outpatient Therapy<br>ental Health; Intensive Outpatient: Intensive Outpatient Therapy-N                                                                                                                                                                                           | including Group Sessions<br>fental Health; Assessmen<br>(308)635-1488<br>Adult Non-Residential Se<br>evaluations; Juvenile Non- | t: Pre-Treatment                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services: Juvenile Services:

| Name                      | Agency                                                  | Address                                                                                                                                                                                        | Phone                                 | Fax                  |
|---------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|
|                           | Therapy - Co-occurring; Assessment: Pre-Trea            | Outpatient Therapy including Group Sessions-Mental Health trment Assessment (Medicaid); Assessment: Co-Occurring                                                                               | ; Outpatient Therapy - Eating D       | Disorder; Outpatient |
| Other Services:           | Sliding Fee Scale;                                      |                                                                                                                                                                                                |                                       |                      |
| Duarte, Christine         | Valley Youth Connections                                | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                       | (308)633-0110                         | (308)633-0112        |
| Substance Abuse Services: |                                                         |                                                                                                                                                                                                |                                       |                      |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                |                                       |                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-T             | reatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                      | 9                                     |                      |
| Other Services:           | Bilingual 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 Out          | Evaluations; Adult Non-Residential Services Intervention/Edu<br>patient - Co-Occurring Treatment; Juvenile Assessment Servi<br>uvenile Non-Residential Services Outpatient - Individual; Juve  | ices Substance Abuse Evaluat          | ions; Juvenile Non-  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment As Occurring | ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); P                                                                                                                                     | re-Treatment Assessment (bio          | -psychosocial); Co-  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health;          | Outpatient Therapy including Family Sessions-Mental Health sment: Mental Status Exam (MSE); Assessment: Co-Occurrir                                                                            | າ; Outpatient Therapy - Co-occເ<br>າດ | urring; Assessment:  |
| Other Services:           | Sliding Fee Scale;                                      | ( ) ,                                                                                                                                                                                          |                                       |                      |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                    | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                          | (308)633-2070                         |                      |
| Substance Abuse Services: |                                                         |                                                                                                                                                                                                |                                       |                      |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                |                                       |                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                     |                                                                                                                                                                                                |                                       |                      |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual          | Services;                                                                                                                                                                                      |                                       |                      |
| Hajek, Marilyn            | Destiny Counseling Services                             | 1023 10th Ave Sidney NB 69162                                                                                                                                                                  | (308)254-0737                         |                      |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpat           | Evaluations; Adult Non-Residential Services Outpatient - Gro<br>ient - Individual; Adult Non-Residential Services Intensive Ou<br>esidential Services Outpatient - Groups; Juvenile Non-Reside | tpatient Treatment; Juvenile As       | ssessment Services   |
| Mental Health Services:   |                                                         |                                                                                                                                                                                                |                                       |                      |
| Juvenile Services:        | Non-Treatment: Anger Management Class                   |                                                                                                                                                                                                |                                       |                      |
| Other Services:           | Sliding Fee Scale;                                      |                                                                                                                                                                                                |                                       |                      |
| Hall, Anthony             | Cirrus House Inc                                        | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                              | (308)635-1488                         |                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa            | Evaluations; Adult Non-Residential Services Intervention/Edu<br>tient - Individual; Juvenile Assessment Services Substance A<br>ial Services Outpatient - Groups; Juvenile Non-Residential So  | buse Évaluations; Juvenile No         |                      |

| Name                      | Agency                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Phone                                                                                                                                                            | Fax                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                         | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)481-5392                                                                                                                                                    |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - G<br>Adult Non-Residential Services Outpatient - C<br>Dual Residential (MH/SA); Adult Residential S<br>Residential Services Intervention/Education; J<br>Juvenile Non-Residential Services Outpatient | Evaluations; Adult Non-Residential Services Intervention/Eductioups; Adult Non-Residential Services Outpatient - Family; Adio-Occurring Treatment; Adult Non-Residential Services Intensifervices Short Term Residential; Juvenile Assessment Services Invenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Coenile Non-Residential Services Partial Care; Juvenile Residential | ult Non-Residential Services C<br>ive Outpatient Treatment; Adu<br>s Substance Abuse Evaluatior<br>e Non-Residential Services O<br>b-Occurring Treatment; Juveni | Outpatient - Individua<br>ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Other Services:           | 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                                                                                                                                                                                                       | nt: General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                | (308)633-0110                                                                                                                                                    | (308)633-0112                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-                                                                                                                                                                                                        | Treatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |
| Raney, Sandra             | Open Door                                                                                                                                                                                                                                         | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)225-4335                                                                                                                                                    | (308)633-2020                                                                                                       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Co-Occurring Treatment; Juvenile Assessmen Residential Services Outpatient - Co-Occurring                                                                                                               | Evaluations; Adult Non-Residential Services Outpatient - Indivit Services Substance Abuse Evaluations; Juvenile Non-Resident Treatment                                                                                                                                                                                                                                                                                                                  | ridual; Adult Non-Residential S<br>ential Services Outpatient - Ind                                                                                              | Services Outpatient -<br>dividual; Juvenile Nor                                                                     |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment A Occurring                                                                                                                                                                                            | ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pr                                                                                                                                                                                                                                                                                                                                                                                             | e-Treatment Assessment (bio                                                                                                                                      | -psychosocial); Co-                                                                                                 |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-<br>Evening Reporting; Non-Treatment: Anger Ma<br>Outpatient Therapy including Group Sessions                                                                                                           | Treatment: Supervised Visitation; Non-Treatment: Tutoring; Nonagement Class; Non-Treatment: General Education Class; O-Mental Health; Outpatient Therapy including Family Sessions-rapy-Mental Health; Assessment: Pre-Treatment Assessment                                                                                                                                                                                                             | utpatient Therapy - Individual<br>Mental Health; Outpatient The                                                                                                  | -Mental Health;<br>erapy - Co-occurring;                                                                            |
|                           |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                  | Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax                                   |
|---------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Rodriguez, Juanita        | ACCS Inc                                                                                              | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                       | (308)633-1390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)633-1393                         |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                       | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>rvices Intervention/Education; Juvenile Non-Residential Services<br>dential Services Outpatient - Individual | al; Juvenile Assessment S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Services Substance                    |
| Mental Health Services:   | ,                                                                                                     | ·                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Juvenile Services:        | Non-Treatment: General Education Class; Non-T                                                         | Freatment: Family Partner; Contracted Services: Electronic Monitor                                                                                                                                                                                       | oring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Santana, Melissa          | Guardian Light Family Services                                                                        | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                          | (308)631-2665                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Other Services:           | Bilingual Services;                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Stermensky, Dr. Gage      |                                                                                                       | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                       | (417)413-0085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)832-4844                         |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Asive Outpatient Treatment; Juvenile Assessment Services Substaile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva       | nce Abuse Evaluations; J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | luvenile Non-                         |
|                           | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Youth Who     | utpatient Therapy including Group Sessions-Mental Health; Outp<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out<br>at Assessment (Medicaid); Assessment: Mental Status Exam (MS                                                        | patient Therapy including to the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that the street that t | Family Sessions-<br>ent Therapy-Youth |
| Other Services:           | Sliding Fee Scale;                                                                                    | •                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Valdez, Juan              | Valley Youth Connections                                                                              | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                 | (308)633-0110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)633-0112                         |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Manage                                        |                                                                                                                                                                                                                                              | Allera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DI                                                                                                                             |                                                                                                     |
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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; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Adult Non-Residential                                                                                                          | Services Outpatient                                                                                 |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                     |
|                                               | Sliding Fee Scale;                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
|                                               | -                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
| Barritt, Samantha                             | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                          | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                  | (402)370-3373                                                                                       |
| oubstance Abuse dervices.                     | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatiel Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occu Residential Services Dual Residential (MH/SA); Adult Residential Services, Juvenile Non-Residential Services Intervention/Education; Juvervices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor-Residential Services Outpatient - Co-Occurring Treatment - Co-Occu | Non-Residential Servi<br>rring Treatment; Adultrvices Short Term Resential<br>enile Non-Residential<br>atient - Family; Juveni | ces Outpatient -<br>t Non-Residential<br>sidential; Juvenile<br>Services Care<br>le Non-Residential |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                     |
| Juvenile Services:                            | Outpatient Therapy including Family Sessions-M                                                                                                                                                                                               | natient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Outpatient: Intensive Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | apy - Co-occurring; In                                                                                                         | tensive Outpatient:                                                                                 |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                             | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                                  | (402)562-6458                                                                                       |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                             | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Fient Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                                                                                     |
| Mental Health Services:                       |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
| Juvenile Services:                            |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
| Cattau, Jeanne                                | Apex Therapy Service                                                                                                                                                                                                                         | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                                                                                                  | (402)379-2487                                                                                       |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                     |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                 | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                     |
| Juvenile Services:                            |                                                                                                                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Outpati-<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Asses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                     |

| Name                      | Agency                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                       | Phone                                     | Fax                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|
| Dorcey, Alicia            | Grace Counseling Services, LLC.                                                                                                                                                                          | P.O. Box 281 Wayne NB 68787                                                                                                                                                                                                                                                                                                                   | (402)518-0490                             |                                          |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                                                                                                                                                                               | dult Non-Residentia                       | Services Outpatient - ducation; Juvenile |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                              |                                           |                                          |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Eating Disord                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensivey-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                    | e Outpatient Therap                       | y-Mental Health;                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                         | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                          | (402)564-9994                             | (402)562-6458                            |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                     | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment s<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve<br>al Services Intensive Outpatient Treatment | ing Treatment; Adul<br>Services Substance | t Non-Residential<br>Abuse Evaluations;  |
| Mental Health Services:   |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |
|                           |                                                                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                          | nt Therapy - Co-occ                       | urring; Assessment:                      |
| Other Services:           | Pre-Treatment Assessment (Medicaid) Sliding Fee Scale;                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |
| Grothe, Maria             | 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:        | Community Treatment Aide                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |
| Other Services:           | Bilingual Services;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                         | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                  | (402)336-3200                             | (402)336-3219                            |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                             | aluations; Juvenile Assessment Services Substance Abuse Evaluation                                                                                                                                                                                                                                                                            | ns                                        |                                          |
| Mental Health Services:   |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-Me                                                                                                                                                           | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessment: Co-Occu                                                                                                                                      | ealth; Outpatient Th                      |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                           |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

Other Services: Sliding Fee Scale;

| Name                                                 | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                | Fax                                                                                                                 |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Hannappel, Mark                                      | Apex Therapy Service                                                                                                                                                                                                                           | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                                                                                        | (402)379-2487                                                                                                       |
| Substance Abuse Services:                            |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Mental Health Services:                              |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Juvenile Services:                                   | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient                                                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpat t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive on the Intensive Security Mental Status Exam (MSE); Assessment: Psychological Evaluation                                                                                                                                                                                          | atient: Intensive Outp<br>Outpatient- Eating D                                                                       | atient Therapy-Menta<br>isorder; Assessment:                                                                        |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Hergott, Mariah                                      | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                            | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                        |                                                                                                                     |
| Substance Abuse Services:                            | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services                                                                                                                                            | raluations; Adult Non-Residential Services Intervention/Education; Adu<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Short Term Residential; Juvenile Assessment Services Substance Al<br>enile Non-Residential Services Outpatient - Family; Juvenile Non-Residence of Control of Treatment                                                                                                                                                                  | dult Non-Residential<br>buse Evaluations; Jւ                                                                         | Services Intensive<br>venile Non-                                                                                   |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                     |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Johnson, Jill                                        | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                        |                                                                                                                     |
| Substance Abuse Services:                            | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resocurring Treatment; Adult Non-Residential Services Intensive Outpativices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | esidential Services C<br>ient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services Ou<br>g Treatment; Juvenil | outpatient - Individual;<br>It Residential Services<br>s; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:                              |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Other Services:                                      | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |
| Jones, James                                         | Community Justice Center                                                                                                                                                                                                                       | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                                                                                        |                                                                                                                     |
| Substance Abuse Services:<br>Mental Health Services: | Outpatient Therapy                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                     | Fax                                                                              |
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| •                         | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                             | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                             |                                                                                  |
| ,                         | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpatie                                                                                                                                                                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Resi<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>ent Treatment; Adult Residential Services Short Term Residential; vices Outpatient - Groups; Juvenile Non-Residential Services Outp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Residential Services (<br>Iuvenile Assessment (                                                                           | Outpatient - Individual<br>Services Substance                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                               | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                  |
| Kollmar, Judy             | Oasis Counseling International                                                                                                                                                                                                                                                                  | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                                             | (402)379-3933                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commur                                                                                                                                                                                                                                                    | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |
| Laffin, Emily             | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                             | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                                             |                                                                                  |
| <br>                      | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Associated Services Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services inile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Family; Adult Non-Re<br>Services Intensive Ou<br>tion; Juvenile Non-Re<br>Outpatient - Family; J<br>; Juvenile Non-Reside | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
|                           |                                                                                                                                                                                                                                                                                                 | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ·                                                                                                                       |                                                                                  |
| j                         | including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient To Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment-Mental Health; Assessment: Pre-Treatment-M | herapy - Co-occurring                                                                                                     | ; Intensive Outpatient                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |
|                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |

Juvenile Services: Non-Treatment: Family Support Worker; Community Treatment Aide

| Name                      | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                          | Fax                                                                            |
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| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                             | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                             | (402)371-3044                                                                                  | (402)371-9643                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                |
| Juvenile Services:        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient Thera<br>Health; Intensive Outpatient: Intensive Outpatien | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive orting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma-Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contract | nagement Class; No<br>I Health; Outpatient T<br>ent: Intensive Outpati<br>y-Co-occurring; Asse | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>ssment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                        | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                  | (402)370-3140                                                                                  | (402)370-3373                                                                  |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ac<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res                                                      | ssessment Services Substance Abuse Evaluations; Adult Non-Resid<br>dult Non-Residential Services Outpatient - Individual; Adult Non-Resid<br>sive Outpatient Treatment; Adult Residential Services Short Term Re<br>sidential Services Outpatient - Groups; Juvenile Non-Residential Sen<br>enile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                     | dential Services Outp<br>sidential; Juvenile As<br>vices Outpatient - Far                      | eatient - Co-Occurring<br>ssessment Services<br>mily; Juvenile Non-            |
|                           |                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; ASE); Assessment: Psychological Evaluation; Assessment: Co-Occur                                                                                                                                                                                                              | ssessment: Pre-Trea                                                                            |                                                                                |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                  | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                              | (402)753-9415                                                                                  |                                                                                |
| Substance Abuse Services: |                                                                                                                                                                                                            | 400 WEAR, 40THOUT FEMORETUD 00020                                                                                                                                                                                                                                                                                                                                                                                   | (402)700 0410                                                                                  |                                                                                |
| Mental Health Services:   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                |
|                           |                                                                                                                                                                                                            | inflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                 | е                                                                                              |                                                                                |
|                           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                        | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                          | (402)370-3140                                                                                  |                                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                          | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                         | dult Non-Residential<br>ces Substance Abuse<br>on-Residential Servic                           | Services Outpatient e Evaluations; Juvenil es Outpatient - Family              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                |
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                |

# **Registered Service Providers for County: Knox**

| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adues Outpatient - Groups; Adult Non-Residential Services Outpatient - Favices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenilent - Individual; Juvenile Non-Residential Services Outpatient - Co-                                                                                  | amily; Adult Non-Res<br>vices Substance Abi<br>enile Non-Residentia                          | sidential Services<br>use Evaluations;<br>al Services Outpatient                                  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                         | nt Assessment (bio-                                                                          | osychosocial); Co-                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                              | Treatment: General Education Class; Outpatient Therapy - Individual-lent Therapy including Family Sessions-Mental Health; Outpatient The                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           | Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                                   |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Ser<br>Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Resider<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>Occurring Treatment; Adult Non-Residential Services Intensive Outpati<br>rvices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>o-Occurring Treatment; Juvenile Non-Residential Services Intensive O | sidential Services O<br>ent Treatment; Adult<br>es Intervention/Educ<br>ntial Services Outpa | utpatient - Individual;<br>t Residential Services<br>cation; Juvenile Non-<br>tient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                   |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                              | atient Therapy - Individual-Mental Health; Outpatient Therapy including<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:<br>Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                        | Intensive Outpatient                                                                         | Therapy-Mental                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                   |

| Name                                                                   | Agency                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                  | Fax                                                          |  |  |
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| Alexis, Geraldine                                                      | Counseling Connections & Associates, LLC                                                                                                                   | 444 Regency Parkway Dr Suite 104 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)932-2296                                                          |                                                              |  |  |
|                                                                        | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Ass Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Substantial Services Care Monitoring SA/Murvices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fami | Family; Adult Non-Re<br>Services Substance Al<br>H; Juvenile Non-Resid | esidential Services<br>ouse Evaluations;<br>dential Services |  |  |
| Juvenile Services:                                                     |                                                                                                                                                            | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>;; Community Treatment Aide; Assessment: Pre-Treatment Assessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                              |  |  |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |  |  |
| Alexis, Geraldine                                                      | Counseling Connections & Associates, LLC                                                                                                                   | Counseling Connections & Associates, LLC 444 Regency Parkway Dr Suite 104 Omaha NB 68114 (402)932-2296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                              |  |  |
|                                                                        | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ec | aluations; Adult Non-Residential Services Intervention/Education; As Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Subucation; Juvenile Non-Residential Services Care Monitoring SA/Mervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - | Family; Adult Non-Re<br>Services Substance Al<br>H; Juvenile Non-Resid | esidential Services<br>buse Evaluations;<br>dential Services |  |  |
|                                                                        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>;; Community Treatment Aide; Assessment: Pre-Treatment Assessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Therapy including<br>ment (Medicaid); Asse                         | Family Sessions-<br>essment: Co-Occurring                    |  |  |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |  |  |
| Anderson, Wendi                                                        | HopeSpoke                                                                                                                                                  | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                          | (402)476-9623                                                |  |  |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Outpatient Therapy - Individual-Mental Health: Ou                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ment: Pre-Treatment                                                    | Assessment                                                   |  |  |
|                                                                        | (Medicaid); Assessment: Mental Status Exam (MS Sliding Fee Scale;                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |  |  |
| Anderson, Wendi                                                        | HopeSpoke                                                                                                                                                  | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                          | (402)476-9623                                                |  |  |
| Substance Abuse Services:                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |  |  |
| Mental Health Services:                                                |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |  |  |
|                                                                        | Outpatient Therapy - Individual-Mental Health; Ou<br>(Medicaid); Assessment: Mental Status Exam (Ms<br>Sliding Fee Scale;                                  | utpatient Therapy including Family Sessions-Mental Health; Assess<br>SE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ment: Pre-Treatment                                                    | Assessment                                                   |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Substance Abuse Services: A | Connecting Links  Adult Assessment Services Substance Abuse Ev                                                                                      | 421 S 9th St Ste 107 Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                               | (400)040 0040                                                           |                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| (<br>(<br>)                 | Adult Assessment Services Substance Abuse Fu                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)310-3816                                                           | (402)904-7702                                                             |
|                             | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential<br>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 Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial): Co-Occurring                                  | Adult Non-Residential<br>ices Substance Abuse<br>on-Residential Service | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Juvenile Services: N        | Non-Treatment: Anger Management Class; Non-<br>Sessions-Mental Health; Outpatient Therapy incl<br>Intensive Outpatient: Intensive Outpatient Therap | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Healt luding Family Sessions-Mental Health; Outpatient Therapy - Eating I py-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                           | Disorder; Outpatient T                                                  | 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)904-7702                                                             |
| (<br>(<br>)<br>1            | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential<br>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 Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial); Co-Occurring | Adult Non-Residential ices Substance Abuse on-Residential Service       | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| <u> </u>                    | Sessions-Mental Health; Outpatient Therapy incl<br>Intensive Outpatient: Intensive Outpatient Therap                                                | -Treatment: Mentoring; Outpatient Therapy - Individual-Mental Healt luding Family Sessions-Mental Health; Outpatient Therapy - Eating Ipy-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                           | Disorder; Outpatient T                                                  | herapy - Co-occurring                                                     |
| Other Services: \$          | Sliding Fee Scale; Bilingual Services;                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                           |
|                             | Region V Systems-Behavioral Health<br>Authority                                                                                                     | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)471-4326                                                           |                                                                           |
| Substance Abuse Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                           |
| Mental Health Services:     |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                           |
| Juvenile Services: 1        | Non-Treatment: Professional Partner                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                           |
| Other Services: §           | Sliding Fee Scale;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                           |
| •                           | Region V Systems-Behavioral Health<br>Authority                                                                                                     | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)471-4326                                                           |                                                                           |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                  | Fax                |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| Austin-Mafilika, Amanda   | Lutheran Family Services of NE Inc                                                                                                                   | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)506-9274          |                    |
| Substance Abuse Services: |                                                                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                    |
| Mental Health Services:   | Control of Carpanent Treatment                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Juvenile Services:        |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Austin-Mafilika, Amanda   | Lutheran Family Services of NE Inc                                                                                                                   | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)506-9274          |                    |
| Substance Abuse Services: |                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education; Active - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                    |
| Mental Health Services:   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Juvenile Services:        |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Bailey, Frank             | Bailey Counseling Services                                                                                                                           | 1941 South 42nd Street Suite 538 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)504-3242          | (402)504-3882      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; A<br>ent - Individual; Adult Non-Residential Services Intensive Outpatient<br>sidential Services Outpatient - Groups; Juvenile Non-Residential Se<br>ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Treatment; Juvenile As | ssessment Services |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring; Adults who S                                                                                                       | exually Harm Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                    |
|                           | Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Pre-Treatme                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health<br>ent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Bailey, Frank             | Bailey Counseling Services                                                                                                                           | 1941 South 42nd Street Suite 538 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)504-3242          | (402)504-3882      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Intensive Outpatient Treatm |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Treatment; Juvenile As | ssessment Services |
|                           | Outpatient Therapy; Co-Occurring; Adults who S                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                    |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health<br>ent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   | issues in (initial salar), rissues in initial salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar salar sa |                        |                    |

| Name                                                                       | Agency                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                     | Fax                                                              |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Bakare, Sheryl                                                             | Pine Lake Behavioral Health, LLC                                                                                                                                                               | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)434-2730                                                                                             | (402)434-3970                                                    |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Medication Evaluation                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                  |
| Other Services:                                                            | Sliding Fee Scale; Hearing Impaired; Bilingual                                                                                                                                                 | Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                  |
| 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                                                                                                                                                 | Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                  |
| Ballard, David                                                             | Infinite Avenues Counseling                                                                                                                                                                    | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (531)301-7817                                                                                             | (402)885-7596                                                    |
| Mental Health Services:  Juvenile Services:                                | Groups; Adult Non-Residential Services Outpa<br>Outpatient Treatment                                                                                                                           | Evaluations; Adult Non-Residential Services Intervention/Educatio<br>tient - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                  |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                  |
| Ballard, David                                                             | Infinite Avenues Counseling                                                                                                                                                                    | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (531)301-7817                                                                                             | (402)885-7596                                                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:     |                                                                                                                                                                                                | Evaluations; Adult Non-Residential Services Intervention/Educatic tient - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                  |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                  |
| Barrett-McClendon,                                                         | Complete Family Treatment Services                                                                                                                                                             | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (888)405-8738                                                                                             | (402)817-4894                                                    |
| Substance Abuse Services:                                                  | Monitoring SA/MH; Adult Non-Residential Serv<br>Outpatient - Individual; Adult Non-Residential S<br>Juvenile Assessment Services Substance Abus<br>Care Monitoring SA/MH; Juvenile Non-Resider | Evaluations; Adult Non-Residential Services Intervention/Educatic ices Outpatient - Groups; Adult Non-Residential Services Outpations outpatient - Co-Occurring Treatment; Adult Non-Resider se Evaluations; Juvenile Non-Residential Services Intervention/Educations outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ent - Family; Adult Non-Rential Services Intensive Ouducation; Juvenile Non-Reices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services |
|                                                                            | Outpatient Therapy; Pre-Treatment Assessmer                                                                                                                                                    | nt (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                  |
| Mental Health Services:                                                    | cuspanent merupy, me meaninent recommen                                                                                                                                                        | ` ' ' '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                  |
|                                                                            | Non-Treatment: Anger Management Class; Ou Outpatient Therapy including Family Sessions-                                                                                                        | Introduction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c | Therapy - Co-occurring; In                                                                                | tensive Outpatient:                                              |

| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                                                | raluations; Adult Non-Residential Services Intervention/Education; Acut patient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul> <li>Family; Adult Non-Re<br/>Services Intensive Ou<br/>ation; Juvenile Non-Re<br/>Outpatient - Family; J</li> </ul> | esidential Services<br>tpatient Treatment;<br>sidential Services      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                       |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                        | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy-Co-occurring; AssessE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | apy - Co-occurring; In                                                                                                   | tensive Outpatient:                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                       |
| Beideck, Lynn             |                                                                                                                                                                                                                                                        | 1203 High Street Lincoln NB 68502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)560-9558                                                                                                            | (402)742-6486                                                         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Aunt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Notividual; Juvenile Non-Residential Services Outpatient - Co-Occurrent Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adult Non-Residential<br>rices Substance Abusi<br>Ion-Residential Servic                                                 | Services Outpatient -<br>e Evaluations; Juveniles Outpatient - Family |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healthent Assessment (Medicaid); Assessment: Mental Status Exam (MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ; Intensive Outpatient:                                                                                                  |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                       |
| Beideck, Lynn             |                                                                                                                                                                                                                                                        | 1203 High Street Lincoln NB 68502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)560-9558                                                                                                            | (402)742-6486                                                         |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                 | raluations; Adult Non-Residential Services Intervention/Education; And Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - | Adult Non-Residential vices Substance Abus                                                                               | Services Outpatient -<br>Evaluations; Juvenil                         |
|                           | Services Intensive Outpatient Treatment                                                                                                                                                                                                                | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occuri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ring Treatment; Juveni                                                                                                   |                                                                       |
|                           | Services Intensive Outpatient Treatment<br>Crisis Phone Line; Outpatient Therapy; Pre-Treat                                                                                                                                                            | tment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                        | le Non-Residential                                                    |
|                           | Services Intensive Outpatient Treatment<br>Crisis Phone Line; Outpatient Therapy; Pre-Treat<br>Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Therapy including ; Intensive Outpatient:                                                                            | le Non-Residential Family Sessions-                                   |

| Name                      | Agency                                                                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                              | Fax                                                                                    |
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| Belgum, Kelsy             | St Monica's                                                                                                                                                                                                                                              | 120 Wedgewood Dr. Lincoln NB 68510-2431                                                                                                                                                                                                                                                                                                                    | (402)441-3768                                                                                      |                                                                                        |
|                           |                                                                                                                                                                                                                                                          | idual; Adult Non-Residential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                       |                                                                                                    | vices Therapoutic                                                                      |
| Substance Abuse Services. | Community; Adult Residential Services Short Teri                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            | , Addit Residential Sei                                                                            | vices merapeutic                                                                       |
| Mental Health Services:   | •                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                        |
| Belgum, Kelsy             | St Monica's                                                                                                                                                                                                                                              | 120 Wedgewood Dr. Lincoln NB 68510-2431                                                                                                                                                                                                                                                                                                                    | (402)441-3768                                                                                      |                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi<br>Community; Adult Residential Services Short Ten                                                                                                                                                    | dual; Adult Non-Residential Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                        | ; Adult Residential Ser                                                                            | vices Therapeutic                                                                      |
| Mental Health Services:   | Community, Adult Residential Services Short Ten                                                                                                                                                                                                          | iii Nesideriliai                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                        |
| 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 Outpatiel<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In-<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring   | dult Non-Residential Se<br>es Substance Abuse E<br>n-Residential Services<br>g Treatment; Juvenile | ervices Outpatient -<br>valuations; Juvenile<br>Outpatient - Family<br>Non-Residential |
|                           | Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                              | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O                                                                                                                                                                                                                                                                                            |                                                                                                    | •                                                                                      |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap<br>Assessment (Medicaid); Assessment: Mental Stat                                                                                                                                                      | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-0<br>tus Exam (MSE)                                                                                                                                                                                                                                                                    | Co-occurring; Assessm                                                                              | nent: 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 Outpatiel<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In-<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential So<br>es Substance Abuse E<br>n-Residential Services<br>g Treatment; Juvenile | ervices Outpatient -<br>valuations; Juvenile<br>Outpatient - Family<br>Non-Residential |
| Mental Health Services:   | Outpatient Therapy; Mental Health Intensive Man-<br>Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                          | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O                                                                                                                                                                                                                                                                                            | ccurring Evaluation (C                                                                             | O); Pre-Treatment                                                                      |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap<br>Assessment (Medicaid); Assessment: Mental Stat                                                                                                                                                      | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-0<br>tus Exam (MSE)                                                                                                                                                                                                                                                                    | Co-occurring; Assessm                                                                              | nent: Pre-Treatment                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                        |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                          | Phone                                         | Fax                                     |
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|                           | 1.30.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                       | (402)475-7666                                 | (402)476-9623                           |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexunt: Psychological Evaluation; Assessment: Juvenile Who Sexually H                                                                                                                                                               |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                       | (402)475-7666                                 | (402)476-9623                           |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexunt: Psychological Evaluation; Assessment: Juvenile Who Sexually H                                                                                                                                                               |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Betka, Cindy              | FGH Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 942 N 13th St. Geneva NB 68361                                                                                                                                                                                                                                                                   | (402)879-5959                                 | (402)759-3803                           |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                      | lult Non-Residential                          | Services Outpatient                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                                                                                                                                                                                                                                                                                |                                               |                                         |
|                           | including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Treatment: General Education Class; Outpatient Therapy - Individua<br>ent Therapy including Family Sessions-Mental Health; Outpatient Th<br>ent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                  | l-Mental Health; Outp<br>erapy - Eating Disor | patient Therapy<br>der; Outpatient      |
| 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                                                                                                                                                                                                                             | lult Non-Residential                          | Services Outpatient -                   |
| Mantal Haalth Candaas     | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                              |                                               |                                         |
|                           | including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (bio-psychosocial)  Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions (Medicaid); Assessment: Co-Occurring        |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lent Assessment (Medicald), Assessment. Co-Occurring                                                                                                                                                                                                                                             |                                               |                                         |
| Bonebright, Curtis        | Recovery Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                 | (402)742-9616                                 | (402)742-9116                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residuationt Treatment | dult Non-Residential es Intervention/Educ     | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                                                                                                                                                                                                                                                                                  |                                               |                                         |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Evening Reporting                                                                                                                                                                                                                                                                                |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                               |                                         |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

|                                                                        |                                                                                                   | T                                                                                                                                                                                                                                                                                                                                                                                |                                              | T                                       |
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| Name                                                                   | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                          | Phone                                        | Fax                                     |
| Bonebright, Curtis                                                     | Recovery Center                                                                                   | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                 | (402)742-9616                                | (402)742-9116                           |
| Substance Abuse Services:                                              | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                    | dult Non-Residential s Intervention/Educa    | Services Intensive ation; Juvenile Non- |
| Mental Health Services:                                                | ·                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Juvenile Services:                                                     | Non-Treatment: Day Reporting; Non-Treatment: I                                                    | Evening Reporting                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Bonebright, Lori                                                       | Recovery Center                                                                                   | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                 | (402)742-9616                                | (402)742-9116                           |
| Substance Abuse Services:                                              | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | dult Non-Residential s Intervention/Educa    | Services Intensive ation; Juvenile Non- |
| Mental Health Services:                                                | Caronillo Non Rocidonillar Colvidos interiores Carp                                               | Salon Frounding                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Juvenile Services:                                                     | Non-Treatment: Day Reporting; Non-Treatment: I                                                    | Evening Reporting                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Bonebright, Lori                                                       | Recovery Center                                                                                   | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                 | (402)742-9616                                | (402)742-9116                           |
| Substance Abuse Services:                                              | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment                                                        | dult Non-Residential<br>s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
|                                                                        | Non-Treatment: Day Reporting; Non-Treatment: I                                                    | Evening Reporting                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Borchers, Amy                                                          | Touchstone                                                                                        | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                       | (402)474-4343                                |                                         |
| Substance Abuse Services:                                              | Adult Assessment Services Substance Abuse Ev                                                      | aluations; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                     |                                              |                                         |
| Mental Health Services:                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Juvenile Services:                                                     |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Other Services:                                                        | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                         |
| Borchers, Amy                                                          | Touchstone                                                                                        | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                       | (402)474-4343                                |                                         |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Assessment Services Substance Abuse Ev                                                      | aluations; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                     |                                              |                                         |

| Name                                                                                          | Agency                                                                                                                                                                | Address                                                                                                                                                                                                   | Phone                         | Fax        |
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| Borrenpohl, Jennifer                                                                          | Willow Psychotherapy                                                                                                                                                  | 2120 S 56th Street Suite 206 Lincoln NB 68506                                                                                                                                                             | (402)335-7752                 |            |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:                    | Outpatient Therapy                                                                                                                                                    |                                                                                                                                                                                                           |                               |            |
| Other Services:                                                                               | Sliding Fee Scale;                                                                                                                                                    |                                                                                                                                                                                                           |                               |            |
| Borrenpohl, Jennifer                                                                          | Willow Psychotherapy                                                                                                                                                  | 2120 S 56th Street Suite 206 Lincoln NB 68506                                                                                                                                                             | (402)335-7752                 |            |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:<br>Other Services: | Outpatient Therapy Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                           |                               |            |
| Bruce, Ramanda                                                                                | Aspirations Counseling                                                                                                                                                | 1941 S 42nd St Suite 528 Omaha NB 68105                                                                                                                                                                   | (402)880-5253                 |            |
|                                                                                               | Maintenance; Adult Non-Residential Services Pa<br>Family; Adult Non-Residential Services Outpatier                                                                    | valuations; Adult Non-Residential Services Intervention/Education ritial Care; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Intensive Outpati      | Adult Non-Residential Service |            |
| Juvenile Services:                                                                            | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale;                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                          |                               |            |
| Bruce, Ramanda                                                                                | Aspirations Counseling                                                                                                                                                | 1941 S 42nd St Suite 528 Omaha NB 68105                                                                                                                                                                   | (402)880-5253                 |            |
| Substance Abuse Services:                                                                     | Maintenance; Adult Non-Residential Services Pa                                                                                                                        | valuations; Adult Non-Residential Services Intervention/Education<br>rtial Care; Adult Non-Residential Services Outpatient - Groups;<br>nt - Individual; Adult Non-Residential Services Intensive Outpati | Adult Non-Residential Service |            |
| Mental Health Services:<br>Juvenile Services:                                                 | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                          |                               |            |
| Other Services:                                                                               | Sliding Fee Scale;                                                                                                                                                    |                                                                                                                                                                                                           |                               |            |
| Brundege, Lindsay                                                                             | Lutheran Family Services of NE Inc                                                                                                                                    | 2301 O St Lincoln NB 68510                                                                                                                                                                                | (402)441-7940                 |            |
| Mental Health Services:<br>Juvenile Services:                                                 | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale; |                                                                                                                                                                                                           | on; Adult Non-Residential Sei | vices Care |

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                     | Phone                                                                 | Fax          |
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| Brundege, Lindsay         | Lutheran Family Services of NE Inc                                                                                                                      | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                  | (402)441-7940                                                         |              |
|                           | Monitoring SA/MH; Adult Non-Residential Service                                                                                                         | •                                                                                                                                                                                                                                                                                           | ducation; Adult Non-Residential Se                                    | rvices Care  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | (bio-psychosocial)                                                                                                                                                                                                                                                                          |                                                                       |              |
| Juvenile Services:        | 0                                                                                                                                                       |                                                                                                                                                                                                                                                                                             |                                                                       |              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                             |                                                                       |              |
| 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;                                                                                                                   |                                                                                                                                                                                                                                                                                             |                                                                       |              |
| 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;                                                                                                                   |                                                                                                                                                                                                                                                                                             |                                                                       |              |
| Carrison, Vanessa         | Complete Family Treatment Services                                                                                                                      | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                         | (402)853-7898                                                         |              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Gle Assessment Services Substance Abuse Evaluations; Jul Services Outpatient - Groups; Juvenile Non-Residential esidential Services Outpatient - Co-Occurring Treatment | Co-Occurring Treatment; Adult Non<br>uvenile Non-Residential Services | -Residential |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                             |                                                                       |              |
| Juvenile Services:        |                                                                                                                                                         | outpatient Therapy including Group Sessions-Mental Healing; Intensive Outpatient: Intensive Outpatient Therapy-Co-                                                                                                                                                                          |                                                                       |              |
| Other Services:           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                             |                                                                       |              |
| Carrison, Vanessa         | Complete Family Treatment Services                                                                                                                      | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                         | (402)853-7898                                                         |              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - (le Assessment Services Substance Abuse Evaluations; Jl Services Outpatient - Groups; Juvenile Non-Residential esidential Services Outpatient - Co-Occurring Treatment  | Co-Occurring Treatment; Adult Non<br>uvenile Non-Residential Services | -Residential |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                             |                                                                       |              |
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring                                                                   | outpatient Therapy including Group Sessions-Mental Healing; Intensive Outpatient: Intensive Outpatient Therapy-Co-                                                                                                                                                                          |                                                                       |              |
| Other Services:           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                             |                                                                       |              |

| Name                                          | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                            | Phone                                                                                              | Fax                                                                   |
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| Carter, Alyson                                | Lutheran Family Services of NE Inc                                                                                                                                                                                                                     | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                                                                                                                         | (402)292-9105                                                                                      | (402)292-0342                                                         |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education,<br>Juvenile Non-Residential Services Outpatient - Ir<br>Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Edu<br>ent - Family; Adult Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment; Juvenile Assessm<br>; Juvenile Non-Residential Services Outpatient - Groups; Judividual; Juvenile Non-Residential Services Outpatient - C  | dividual; Adult Non-Residential<br>nent Services Substance Abuso<br>uvenile Non-Residential Servic | Services Outpatient<br>E Evaluations; Juveni<br>es Outpatient - Famil |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                       |
| Juvenile Services:                            |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health g; Intensive Outpatient: Intensive Outpatient Therapy-Co-od                                                                                                                                                                                               | , , , , ,                                                                                          | ,                                                                     |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                       |
| Carter, Alyson                                | Lutheran Family Services of NE Inc                                                                                                                                                                                                                     | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                                                                                                                         | (402)292-9105                                                                                      | (402)292-0342                                                         |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Edu<br>ent - Family; Adult Non-Residential Services Outpatient - Ind<br>Services Intensive Outpatient Treatment; Juvenile Assessm<br>; Juvenile Non-Residential Services Outpatient - Groups; Judividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential<br>nent Services Substance Abuso<br>uvenile Non-Residential Servic | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                       |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health g; Intensive Outpatient: Intensive Outpatient Therapy-Co-od                                                                                                                                                                                               | ; Outpatient Therapy including courring; Assessment: Co-Occ                                        | Family Sessions-<br>urring                                            |
| Other Services:                               | Sliding Fee Scale; 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:                     |                                                                                                                                                                                                                                                        | valuations; Adult Non-Residential Services Intervention/Edu<br>ent - Family; Adult Non-Residential Services Outpatient - Inc<br>Services Intensive Outpatient Treatment                                                                                                                                            |                                                                                                    |                                                                       |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                       |
| Juvenile Services:                            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                       |
| Other Services:                               | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                       |
| Cazares, Marysol                              | Lancaster County Dept of Community Corrections                                                                                                                                                                                                         | 605 S 10th St Ste B-131 Lincoln NB 68508                                                                                                                                                                                                                                                                           | (402)441-8365                                                                                      | (402)441-3606                                                         |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                        | valuations; Adult Non-Residential Services Intervention/Edu<br>ent - Family; Adult Non-Residential Services Outpatient - Inc<br>Services Intensive Outpatient Treatment                                                                                                                                            |                                                                                                    |                                                                       |
|                                               |                                                                                                                                                                                                                                                        | COLVICOS INCIDIVO Outputioni Houtinoni                                                                                                                                                                                                                                                                             |                                                                                                    |                                                                       |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                       |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                       |

| Name                                               | Agency                                                                                             | Address                                                                                                                                                                                                                | Phone                 | Fax               |
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|                                                    |                                                                                                    |                                                                                                                                                                                                                        |                       |                   |
| Clark, Cristian "Kat"                              | CenterPointe                                                                                       | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                          | (402)827-0570         | (402)827-0580     |
| Substance Abuse Services:                          |                                                                                                    | aluations; Adult Residential Services Dual Residential (MH/SA); Adul                                                                                                                                                   | t Residential Service | es Extended       |
| Mental Health Services:                            | Residential; Adult Residential Services Short Terribre-Treatment Assessment (bio-psychosocial); C  |                                                                                                                                                                                                                        |                       |                   |
| Juvenile Services:                                 |                                                                                                    | 3                                                                                                                                                                                                                      |                       |                   |
| Other Services:                                    | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                        |                       |                   |
| Clark, Cristian "Kat"                              | CenterPointe                                                                                       | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                          | (402)827-0570         | (402)827-0580     |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ten  | aluations; Adult Residential Services Dual Residential (MH/SA); Adul<br>m Residential                                                                                                                                  | t Residential Service | es Extended       |
| Mental Health Services:                            | Pre-Treatment Assessment (bio-psychosocial); C                                                     | o-Occurring                                                                                                                                                                                                            |                       |                   |
| Juvenile Services:                                 |                                                                                                    |                                                                                                                                                                                                                        |                       |                   |
| Other Services:                                    | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                        |                       |                   |
| Consbruck, Valerie                                 | Bryan Independence Center                                                                          | 2300 S. 16th Street Lincoln NB 68502                                                                                                                                                                                   | (402)481-5496         |                   |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatier                                                   | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Residential Services Short Term Residential; Juv<br>vices Outpatient - Groups; Juvenile Non-Residential Services Outpat | enile Assessment S    | ervices Substance |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial)                                                                                                                                                                                                     |                       |                   |
| Juvenile Services:                                 | Outpatient Therapy - Co-occurring; Assessment:                                                     | Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                    |                       |                   |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                  | ervices;                                                                                                                                                                                                               |                       |                   |
| Consbruck, Valerie                                 | Bryan Independence Center                                                                          | 2300 S. 16th Street Lincoln NB 68502                                                                                                                                                                                   | (402)481-5496         |                   |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatier                                                   | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpat       | enile Assessment S    | ervices Substance |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial)                                                                                                                                                                                                     |                       |                   |
|                                                    | Outpatient Therapy - Co-occurring; Assessment:                                                     | ,                                                                                                                                                                                                                      |                       |                   |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                  | ervices;                                                                                                                                                                                                               |                       |                   |
| Denney, Rachel                                     | Parallels                                                                                          | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                                                     | (402)730-6802         |                   |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment                             |                       |                   |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Ou                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                   | nt Therapy - Co-occ   | urring            |
| Other Services:                                    | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                        |                       |                   |

| Name                      | Agency                                                                                                                         | Address                                                                                                                                                                                                                                                                                                          | Phone                                        | Fax                                                |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| Denney, Rachel            | Parallels                                                                                                                      | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                                                                                                                                               | (402)730-6802                                |                                                    |
|                           |                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                             |                                              | Services Outpatient -                              |
| Substance Abuse Services. | Groups; Adult Non-Residential Services Outpatie                                                                                | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                          |                                              |                                                    |
| Mental Health Services:   | Co-Occurring Treatment; Adult Non-Residential S                                                                                | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                          |                                              |                                                    |
|                           |                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health: Outpatien                                                                                                                                                                                                                                             | nt Therapy - Co-occ                          | urrina                                             |
| Other Services:           |                                                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                              | g                                                  |
|                           |                                                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                              |                                                    |
| DeVries, Ingrid           | Bryan Independence Center                                                                                                      | 2300 S. 16th Street Lincoln NB 68502                                                                                                                                                                                                                                                                             | (402)481-5875                                | (402)481-5495                                      |
| Substance Abuse Services: |                                                                                                                                | lult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual ton-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Ser |                                              |                                                    |
|                           | Short Term Residential                                                                                                         |                                                                                                                                                                                                                                                                                                                  | ione froatmont, Ade                          | in residential cervice                             |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                 |                                                                                                                                                                                                                                                                                                                  |                                              |                                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                              | t Therapy including                          | 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: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>Occurring Treatment; Adult Non-Residential Services Intensive Outpat                                                                                                                                                                     | esidential Services (<br>ient Treatment; Adu | Dutpatient - Individual<br>Ilt Residential Service |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                 |                                              |                                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                              | t Therapy including                          | Family Sessions-                                   |
| Other Services:           | 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:   | Outpatient Therapy                                                                                                             | ·                                                                                                                                                                                                                                                                                                                |                                              |                                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g: Assessment: Co-Occurring                                                                                                                                                                                                               | t Therapy including                          | Family Sessions-                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                             | , o                                                                                                                                                                                                                                                                                                              |                                              |                                                    |
| Dexter, Loren             | Sage Counseling Omaha LLC                                                                                                      | 13808 U St Omaha NB 68137                                                                                                                                                                                                                                                                                        | (402)960-0073                                |                                                    |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual; Adult Non-Residential Services Intensi                               | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment                                                                                                                                                                                                                    | Non-Residential Se                           | rvices Outpatient -                                |
| Mental Health Services:   | · · · · · · · · · · · · · · · · · · ·                                                                                          | ·                                                                                                                                                                                                                                                                                                                |                                              |                                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring                                                                                                                                                                                                                  | t Therapy including                          | Family Sessions-                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                             | -                                                                                                                                                                                                                                                                                                                |                                              |                                                    |

| Name                      | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                             | Phone                                                                                 | Fax                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------|
| Dibert, Brittany          | CenterPointe                                                                                                                                             | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                                                                          | (402)797-1223                                                                         |                                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju     | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment; Juvenile Non-Residential Services Intensi                       | ; Adult Non-Residential So<br>Services Intervention/Educ<br>n-Residential Services Ou | ervices Outpatient -<br>cation; Juvenile             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                      |
| Juvenile Services:        |                                                                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt<br>g                                                                                                                                                                                          |                                                                                       |                                                      |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju     | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment; Juvenile Non-Residential Services Intensi                       | ; Adult Non-Residential So<br>Services Intervention/Educ<br>n-Residential Services Ou | ervices Outpatient -<br>cation; Juvenile             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                      |
|                           | Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Co-Occurrin                                                        |                                                                                                                                                                                                                                                                                                                                     | tient Therapy including Fa<br>th; Intensive Outpatient: In                            | mily Sessions-<br>tensive Outpatient                 |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                        | rrvices;                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                      |
| 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 vices Outpatient - Co-Occurring Treatment; Adult Non-Residentia                                                                                                                                 | t - Family; Adult Non-Resid                                                           | dential Services                                     |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                         |                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                      |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                      |
| Dirks, Tamara             | Nebraska Urban Indian Health Inc                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                    | (402)346-0902 (                                                                       | 402)342-5290                                         |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual Short Term Residential; Juvenile Assessment Services Substancenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Intensive Outpatient | ; Adult Non-Residential So<br>e Abuse Evaluations; Juvo<br>Residential Services Outp  | ervices Intensive<br>enile Non-<br>patient - Family; |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                      |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                       | Phone Fax                                                                                                       |
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| Dirks, Tamara             |                                                                                                                                                          | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                                                                                                           | (402)461-4960                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                          | raluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                                                                                                         | lult Non-Residential Services Outpa                                                                             |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie                                                                                                          | nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
| 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                                                                                                          | raluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services                                                                                                                                                                                          | Family; Adult Non-Residential Service                                                                           |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Dirks, Tamara             |                                                                                                                                                          | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                                                                                                           | (402)461-4960                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                  | lult Non-Residential Services Outpa                                                                             |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Dirks, Tamara             | Nebraska Urban Indian Health Inc                                                                                                                         | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                              | (402)346-0902 (402)342-52                                                                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Short Term Residential; Juvenile Assessment Services Substance A enile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient Treaddividual; Juvenile Non-Residential Services Intensive Outpatient Treaddividual; | dult Non-Residential Services Intens<br>Sbuse Evaluations; Juvenile Non-<br>sidential Services Outpatient - Fam |
| Mental Health Services:   | Oner Territoriaeriaa                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Doehling, Raechel         | Houses of Hope                                                                                                                                           | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                           | (402)435-3165                                                                                                   |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                 | Phone                                                                      | Fax                                                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Doehling, Raechel         | Houses of Hope                                                                                                                                        | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                     | (402)435-3165                                                              |                                                                         |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Juvenile Services:        |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Drake, Maureen            | Bryan Independence Center                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                          | (402)481-5398                                                              | (402)481-5495                                                           |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Fam<br>Treatment; Adult Residential Services Short Ten<br>Outpatient - Groups; Juvenile Non-Residential S | valuations; Adult Non-Residential Services Partial Care; Adult Non-Re<br>nily; Adult Non-Residential Services Outpatient - Individual; Adult Non<br>m Residential; Juvenile Assessment Services Substance Abuse Evalu<br>ervices Outpatient - Family; Juvenile Non-Residential Services Outpa<br>le Non-Residential Services Partial Care; Juvenile Residential Service | -Residential Service:<br>uations; Juvenile Noi<br>itient - Individual; Juv | s Intensive Outpatien<br>n-Residential Service<br>venile Non-Residentia |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                         |
| Juvenile Services:        |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Drake, Maureen            | Bryan Independence Center                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                          | (402)481-5398                                                              | (402)481-5495                                                           |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Fam<br>Treatment; Adult Residential Services Short Ten<br>Outpatient - Groups; Juvenile Non-Residential S | valuations; Adult Non-Residential Services Partial Care; Adult Non-Re<br>nily; Adult Non-Residential Services Outpatient - Individual; Adult Non<br>m Residential; Juvenile Assessment Services Substance Abuse Evalu<br>ervices Outpatient - Family; Juvenile Non-Residential Services Outpa<br>le Non-Residential Services Partial Care; Juvenile Residential Service | -Residential Service:<br>uations; Juvenile Nor<br>utient - Individual; Juv | s Intensive Outpatien<br>n-Residential Service<br>venile Non-Residentia |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                         |
| Juvenile Services:        | ,                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Duffy, Walter             | Premier Psychiatric Group                                                                                                                             | 8550 Cuthills Cir Lincoln NB 68526                                                                                                                                                                                                                                                                                                                                      | (402)476-6060                                                              | (402)476-6809                                                           |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Juvenile Services:        | Assessment: Pre-Treatment Assessment (Medic Medication Management                                                                                     | aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: M                                                                                                                                                                                                                                                                                                      | ental Status Exam (N                                                       | MSE); Assessment:                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Duffy, Walter             | Premier Psychiatric Group                                                                                                                             | 8550 Cuthills Cir Lincoln NB 68526                                                                                                                                                                                                                                                                                                                                      | (402)476-6060                                                              | (402)476-6809                                                           |
| Substance Abuse Services: |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| Mental Health Services:   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                         |
| lunanila Camiasan         | Accomment: Dro Treatment Accomment /Madia                                                                                                             | aid): Assessment: Outpatient Psychiatric Evaluation: Assessment: M                                                                                                                                                                                                                                                                                                      | antal Ctatus Evam /                                                        | ACE). Assessment                                                        |

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

Medication Management

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                                                                   | Agency                                             | Address                                                                                                                                                                                                               | Phone                | Fax           |
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| Edman, Cheri                                                           | Houses of Hope                                     | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                   | (402)435-3165        | (402)435-0430 |
| Mental Health Services:<br>Juvenile Services:                          | Adult Residential Services Halfway-House           |                                                                                                                                                                                                                       |                      |               |
| Other Services:                                                        | Sliding Fee Scale;                                 |                                                                                                                                                                                                                       |                      |               |
| Edman, Cheri                                                           | Houses of Hope                                     | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                   | (402)435-3165        | (402)435-0430 |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Residential Services Halfway-House           |                                                                                                                                                                                                                       |                      |               |
| Other Services:                                                        | Sliding Fee Scale;                                 |                                                                                                                                                                                                                       |                      |               |
| Elnour, Safaa                                                          | Mid-Plains Center for Behavioral<br>Healthcare Inc | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                              | (319)594-4183        |               |
| Substance Abuse Services:                                              |                                                    |                                                                                                                                                                                                                       |                      |               |
| Mental Health Services:                                                | Outpatient Therapy - Individual-Mental Health: In  | tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                        |                      |               |
|                                                                        | Bilingual Services;                                | ionsive dupation. Intensive dupation merapy inental regard                                                                                                                                                            |                      |               |
| Elnour, Safaa                                                          | Mid-Plains Center for Behavioral<br>Healthcare Inc | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                              | (319)594-4183        |               |
| Substance Abuse Services:                                              |                                                    |                                                                                                                                                                                                                       |                      |               |
| Mental Health Services:                                                |                                                    |                                                                                                                                                                                                                       |                      |               |
|                                                                        |                                                    | tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                        |                      |               |
| Other Services:                                                        | Bilingual 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  | aluations; Adult Non-Residential Services Outpatient - Family; Adult I<br>Residential; Juvenile Assessment Services Substance Abuse Evalua<br>rvices Outpatient - Individual; Juvenile Residential Services Short Ter | ations; Juvenile Non |               |
| Mental Health Services:                                                | Outpatient Therapy: Pre-Treatment Assessment       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                      |                      |               |
|                                                                        | Outpatient Therapy including Family Sessions-Me    |                                                                                                                                                                                                                       |                      |               |
| Other Services:                                                        | Sliding Fee Scale; Hearing Impaired; Bilingual Se  | prvices;                                                                                                                                                                                                              |                      |               |
| 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 I<br>Residential; Juvenile Assessment Services Substance Abuse Evalua<br>rvices Outpatient - Individual; Juvenile Residential Services Short Ter | ations; Juvenile Non |               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                                                   | Agency                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                      | Fax                                         |  |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|--|
| Juvenile Services:                                                     | Outpatient Therapy including Family Sessions-Me                                                                                                                                                          | ental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                          | •                                           |  |
| Other Services:                                                        | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |  |
| Fry, Jennifer                                                          |                                                                                                                                                                                                          | 7410 South 33 Street Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)975-2289                              | (402)975-2287                               |  |
|                                                                        | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - bups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile n-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual renile Non-Residential Services Outpatient - Co-Occurring Treatment |                                            |                                             |  |
|                                                                        | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                             |  |
| Juvenile Services:                                                     | Outpatient Therapy including Family Sessions-Me                                                                                                                                                          | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa<br>ho Sexually Harm Risk Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |  |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dult Non-Residential vices Intervention/Ed | Services Outpatient -<br>lucation; Juvenile |  |
| Juvenile Services:                                                     | Non-Treatment: Anger Management Class; Outpa<br>Outpatient Therapy including Family Sessions-Ma<br>Therapy - Co-occurring; Assessment: Juvenile W                                                        | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa<br>ho Sexually Harm Risk Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |  |
| Other Services:                                                        | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                             |  |
| Garcia, Orlando                                                        | Touchstone                                                                                                                                                                                               | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)474-4343                              |                                             |  |
| Mental Health Services:<br>Juvenile Services:                          | Adult Residential Services Short Term Residential Sliding Fee Scale;                                                                                                                                     | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                             |  |
| Garcia, Orlando                                                        | Touchstone                                                                                                                                                                                               | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)474-4343                              |                                             |  |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Residential Services Short Term Residentia                                                                                                                                                         | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                          |                                             |  |

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| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                 | Phone                                               | Fax                                  |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------|
| George, Timothy           | Adjudicated Youth Services                                                                                                        | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                           | (402)812-6849                                       |                                      |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                         |                                                     |                                      |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                         |                                                     |                                      |
|                           | Reporting; Non-Treatment: Evening Reporting; N<br>Employment Placement Program; Non-Treatmen                                      | eatment: Tracker (Except Douglas County); Non-Treatment: Super<br>Ion-Treatment: Anger Management Class; Non-Treatment: General<br>tr: Family Partner                                                                                                                   | vised Visitation; Non-Tr<br>al Education Class; Non | eatment: Day<br>-Treatment:          |
| Other Services:           | Bilingual Services;                                                                                                               |                                                                                                                                                                                                                                                                         |                                                     |                                      |
| George, Timothy           | Adjudicated Youth Services                                                                                                        | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                           | (402)812-6849                                       |                                      |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                         |                                                     |                                      |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                         |                                                     |                                      |
|                           | Reporting; Non-Treatment: Evening Reporting; N<br>Employment Placement Program; Non-Treatmen                                      | eatment: Tracker (Except Douglas County); Non-Treatment: Super<br>Ion-Treatment: Anger Management Class; Non-Treatment: General<br>at: Family Partner                                                                                                                   | vised Visitation; Non-Tr<br>al Education Class; Nor | eatment: Day<br>n-Treatment:         |
| Other Services:           | Bilingual Services;                                                                                                               |                                                                                                                                                                                                                                                                         |                                                     |                                      |
| Giles, Nicholas           | Counseling Affiliates of Nebraska                                                                                                 | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                             | (402)488-0077                                       | (402)488-0017                        |
|                           | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment                                                            | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                 | ; Adult Non-Residential                             | Services Outpatient                  |
| Mental Health Services.   | Evaluation                                                                                                                        | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults v                                                                                                                                                                                                         | no Sexually Haim Eval                               | luation, Psychologica                |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient                             | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outp<br>t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intens<br>aid); Assessment: Mental Status Exam (MSE); Assessment: Psycl | atient: Intensive Outpat<br>ve Outpatient Therapy-  | ient Therapy-Mental<br>Co-occurring; |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                         |                                                     |                                      |
| Giles, Nicholas           | Counseling Affiliates of Nebraska                                                                                                 | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                             | (402)488-0077                                       | (402)488-0017                        |
| Substance Abuse Services: |                                                                                                                                   | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                              |                                                     |                                      |
| Mental Health Services:   |                                                                                                                                   | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults v                                                                                                                                                                                                         | ho Sexually Harm Eval                               | uation; Psychologica                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who Stealth; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outp<br>t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intens<br>aid); Assessment: Mental Status Exam (MSE); Assessment: Psycl | atient: Intensive Outpat<br>ve Outpatient Therapy-  | ient Therapy-Mental<br>Co-occurring; |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                         |                                                     |                                      |

| Name                                               | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                            | Phone                                                          | Fax                                     |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|
| ilfillan, Dameon                                   |                                                                                                                                                                                                            | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                    | (402)346-0902                                                  | (402)342-5290                           |
|                                                    | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil<br>Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Educant - Family; Adult Non-Residential Services Outpatient - Indivices Substance Abuse Evaluations; Juvenile Non-Residentiale Non-Residentiale Non-Residential Services Outpatient - Family; Juvenile Nontatient Treatment | ridual; Adult Non-Residential<br>I Services Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services:                            |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                    |                                                                |                                         |
|                                                    | Non-Treatment: General Education Class                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |                                                                |                                         |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                                |                                         |
| ilfillan, 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<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil<br>Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Educa<br>nt - Family; Adult Non-Residential Services Outpatient - Indiv<br>ices Substance Abuse Evaluations; Juvenile Non-Residentia<br>le Non-Residential Services Outpatient - Family; Juvenile Non<br>patient Treatment  | ridual; Adult Non-Residential<br>I Services Intervention/Educa | Services Intensive ation; Juvenile Non- |
|                                                    | Non-Treatment: General Education Class                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |                                                                |                                         |
|                                                    | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                                |                                         |
| oodman, Emily                                      | Emily L Goodman PC                                                                                                                                                                                         | 701 P St Suite 303 Lincoln NB 68508                                                                                                                                                                                                                                                | (531)510-0805                                                  |                                         |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatien                                                                                                                                                           | aluations; Adult Non-Residential Services Outpatient - Group<br>tt - Individual; Adult Non-Residential Services Outpatient - Co<br>Non-Residential Services Outpatient - Groups; Juvenile Non                                                                                      | Occurring Treatment; Juver                                     | nile Assessment                         |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                   |                                                                |                                         |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Assessment: Co-Occurring                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; C<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental                                                                                                                                                        | Outpatient Therapy including<br>Health; Assessment: Mental     | Family Sessions-<br>Status Exam (MSE)   |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                                |                                         |
| oodman, Emily                                      | Emily L Goodman PC                                                                                                                                                                                         | 701 P St Suite 303 Lincoln NB 68508                                                                                                                                                                                                                                                | (531)510-0805                                                  |                                         |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatien                                                                                                                                                           | aluations; Adult Non-Residential Services Outpatient - Group<br>tt - Individual; Adult Non-Residential Services Outpatient - Co<br>Non-Residential Services Outpatient - Groups; Juvenile Non                                                                                      | o-Occurring Treatment; Juve                                    | nile Assessment                         |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                   |                                                                |                                         |
| Juvenile Services:                                 |                                                                                                                                                                                                            | utpatient Therapy including Group Sessions-Mental Health; C<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental                                                                                                                                                        |                                                                |                                         |
|                                                    | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                                |                                         |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                          | Fax                                                               |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Hall, John                | Complete Family Treatment Services                                                                                                                                                               | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)325-1290                                                                  |                                                                   |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                 | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrence of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Prope | al; Adult Non-Residentia<br>ervices Substance Abus<br>e Non-Residential Servic | Services Outpatien<br>e Evaluations; Juver<br>es Outpatient - Fam |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpag; Assessment: Pre-Treatment Assessment (Medicaid); Assessme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | Family Sessions-                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                               | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S .                                                                            |                                                                   |
| Hall, John                | Complete Family Treatment Services                                                                                                                                                               | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)325-1290                                                                  |                                                                   |
| Juvenile Services:        | Juvenile Non-Residential Services Outpatient - Ir<br>Services Intensive Outpatient Treatment<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O | ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Company (Medicaid); Assessment; Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | urring Treatment; Juven atient Therapy including                               | le Non-Residential                                                |
| Hanau, Kelley             | 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:        | Assessment: Medication Management                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                   |
| Hanau, Kelley             | 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:        | Assessment: Medication Management                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                   |
| 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                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                   |

Mental Health Services: Outpatient Therapy

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

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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    |
|                                                    |                                                                                          | utpatient Therapy including Family Sessions-Mental Health           |                      |                  |
| Haskins, Krystal                                   | Recovery Center                                                                          | 3200 O St Ste 5 Lincoln NB 68510                                    | (402)742-9616        | (402)742-9116    |
|                                                    | Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale;                          | Evening Reporting                                                   |                      |                  |
| Haskins, Krystal                                   | Recovery Center                                                                          | 3200 O St Ste 5 Lincoln NB 68510                                    | (402)742-9616        | (402)742-9116    |
|                                                    | Non-Treatment: Day Reporting; Non-Treatment: I Sliding Fee Scale;                        | Evening Reporting                                                   |                      |                  |
| Heaton, Jesse                                      | Heaton Counseling Center                                                                 | 300 N 44th St Suite 105 Lincoln NB 68503                            | (402)617-0317        |                  |
|                                                    | Outpatient Therapy - Individual-Mental Health; Or<br>Mental Health<br>Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Heaton, Jesse                                      | Heaton Counseling Center                                                                 | 300 N 44th St Suite 105 Lincoln NB 68503                            | (402)617-0317        |                  |
|                                                    | Outpatient Therapy - Individual-Mental Health; Or<br>Mental Health<br>Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Hernandez, Tanya                                   | Nebraska Family Foundation                                                               | 3511 Pine Street Omaha NB 68105                                     | (402)578-5044        |                  |
| Substance Abuse Services:  Mental Health Services: |                                                                                          |                                                                     |                      |                  |

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Day Reporting; Non-Treatment: Family Partner

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                                                                           | Phone                   | Fax             |
|---------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|
| Hernandez, Tanya          | Nebraska Family Foundation                                                                       | 3511 Pine Street Omaha NB 68105                                                                                                                                                                                                                                                                                                   | (402)578-5044           |                 |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                    | eatment: Day Reporting; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                             |                         |                 |
| Other Services:           | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Hruza, Christopher        | Matt Talbot Kitchen & Outreach                                                                   | 2121 North 27th Street Lincoln NB 68501                                                                                                                                                                                                                                                                                           | (402)817-0608           |                 |
| Substance Abuse Services: |                                                                                                  | raluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                             | ult Non-Residential S   | ervices Care    |
| Mental Health Services:   | Monitoring SA/MH; Adult Non-Residential Service                                                  | es Outpatient - Individual                                                                                                                                                                                                                                                                                                        |                         |                 |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Hruza, Christopher        | Matt Talbot Kitchen & Outreach                                                                   | 2121 North 27th Street Lincoln NB 68501                                                                                                                                                                                                                                                                                           | (402)817-0608           |                 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Monitoring SA/MH; Adult Non-Residential Service  | raluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                             | ult Non-Residential S   | ervices Care    |
| Mental Health Services:   | Monitoring Saviviri, Addit Non-Nesidential Service                                               | es Outpatient - individual                                                                                                                                                                                                                                                                                                        |                         |                 |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Hulse, Alanna             | Matt Talbot Kitchen & Outreach                                                                   | 2121 N 27th Street Lincoln NB 68501                                                                                                                                                                                                                                                                                               | (402)477-4116           |                 |
| Substance Abuse Services: |                                                                                                  | raluations; Adult Non-Residential Services Outpatient - Individual; Adu                                                                                                                                                                                                                                                           | ult Residential Service | es Therapeutic  |
| Mental Health Services:   | Community                                                                                        |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Hulse, Alanna             | Matt Talbot Kitchen & Outreach                                                                   | 2121 N 27th Street Lincoln NB 68501                                                                                                                                                                                                                                                                                               | (402)477-4116           |                 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Community                                           | aluations; Adult Non-Residential Services Outpatient - Individual; Adu                                                                                                                                                                                                                                                            | ult Residential Service | es Therapeutic  |
| Mental Health Services:   | Community                                                                                        |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                   |                         |                 |
| Huske, Tim                | Insight Recovery Center                                                                          | 770 N Cotner Blvd Suite 309 Lincoln NB 68505                                                                                                                                                                                                                                                                                      | (402)434-2730           | (402)434-3970   |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient T sidential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention (Interview Outpatient Treatment) | reatment; Juvenile As   | ssessment Šervi |

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

Mental Health Services:

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Outpatient Therapy - Individual-Mental Health Other Services: Sliding Fee Scale; Hearing Impaired;

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                      | Phone                   | Fax                |
|---------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                              |                         | •                  |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                              |                         |                    |
| Huske, Tim                | Insight Recovery Center                                                                          | 770 N Cotner Blvd Suite 309 Lincoln NB 68505                                                                                                                                                                                                                                 | (402)434-2730           | (402)434-3970      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res | valuations; Adult Non-Residential Services Intervention/Education; Acent - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Intervention/Education; Juvenile Non-Residential enile Non-Residential Services Intensive Outpatient Treatment | t Treatment; Juvenile A | ssessment Services |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                              |                         |                    |
| Jackson, Alona            | Jenda Family Services, LLC                                                                       | 815 K Street Lincoln NB 68508                                                                                                                                                                                                                                                | (402)474-0011           |                    |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foste<br>Monitoring; Out-Of-Home: Foster Care (Relative/  | r Care (Agency Supported); Non-Treatment: Family Support Worke<br>/Kinship)                                                                                                                                                                                                  | er; Contracted Services | : Electronic       |
| Other Services:           | Bilingual Services;                                                                              | ''                                                                                                                                                                                                                                                                           |                         |                    |
| Jackson, Alona            | Jenda Family Services, LLC                                                                       | 815 K Street Lincoln NB 68508                                                                                                                                                                                                                                                | (402)474-0011           |                    |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foste<br>Monitoring; Out-Of-Home: Foster Care (Relative/  | r Care (Agency Supported); Non-Treatment: Family Support Worke<br>/Kinship)                                                                                                                                                                                                  | er; Contracted Services | : Electronic       |
| Other Services:           | Bilingual Services;                                                                              | - 17                                                                                                                                                                                                                                                                         |                         |                    |
| Jirovsky, Crayton         | Crayton C Jirovsky LLC                                                                           | 1700 N 58th St Lincoln NB 68505                                                                                                                                                                                                                                              | (402)476-6060           |                    |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health                                                    |                                                                                                                                                                                                                                                                              |                         |                    |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                             |                                                                                                                                                                                                                                                                              |                         |                    |
| Jirovsky, Crayton         | Crayton C Jirovsky LLC                                                                           | 1700 N 58th St Lincoln NB 68505                                                                                                                                                                                                                                              | (402)476-6060           |                    |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                              |                         |                    |

| Name                      | Agency                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                    | Fax                                           |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------|
| Johnson, Eric             |                                                                                                                                                      | 301 S 70th St Ste 313 Lincoln NB 68510                                                                                                                                                                                                                                                                                                        | (402)309-6981                                                                            | (402)805-4404                                 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servi<br>Outpatient - Individual; Adult Non-Residential S<br>Non-Residential Services Intervention/Educatio  | evaluations; Adult Non-Residential Services Intervention/Educatives Outpatient - Groups; Adult Non-Residential Services Outpatiervices Intensive Outpatient Treatment; Juvenile Assessment Sn; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co-O                    | tient - Family; Adult Non-Re<br>ervices Substance Abuse l<br>nile Non-Residential Servic | esidential Services<br>Evaluations; Juvenile  |
| Mental Health Services:   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Juvenile Services:        |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Johnson, Eric             |                                                                                                                                                      | 301 S 70th St Ste 313 Lincoln NB 68510                                                                                                                                                                                                                                                                                                        | (402)309-6981                                                                            | (402)805-4404                                 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servi<br>Outpatient - Individual; Adult Non-Residential S<br>Non-Residential Services Intervention/Educatio  | Evaluations; Adult Non-Residential Services Intervention/Educatices Outpatient - Groups; Adult Non-Residential Services Outpatiervices Intensive Outpatient Treatment; Juvenile Assessment Sn; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co-O                    | tient - Family; Adult Non-R<br>ervices Substance Abuse<br>nile Non-Residential Servic    | esidential Services<br>Evaluations; Juvenile  |
| Mental Health Services:   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Juvenile Services:        |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                 | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                    | (402)261-6667                                                                            | (402)261-6526                                 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatic<br>Services Intensive Outpatient Treatment; Juven<br>Intervention/Education; Juvenile Non-Residentia | Evaluations; Adult Non-Residential Services Outpatient - Groups<br>ent - Individual; Adult Non-Residential Services Outpatient - Co-<br>nile Assessment Services Substance Abuse Evaluations; Juveni<br>al Services Outpatient - Groups; Juvenile Non-Residential Services<br>Residential Services Outpatient - Co-Occurring Treatment; Juver | Occurring Treatment; Adul<br>le Non-Residential Service<br>ces Outpatient - Family; Ju   | t Non-Residential<br>s<br>venile Non-Resident |
|                           | Outpatient Therapy; Pre-Treatment Assessmen                                                                                                          |                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                               |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                     | Outpatient Therapy including Group Sessions-Mental Health; Oung; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hent Assessment (Medicaid); Assessment: Mental Status Exam                                                                                                                                                         | ealth; Intensive Outpatient                                                              | : Intensive Outpatien                         |
| 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 Outpation                                                                                                     | Evaluations; Adult Non-Residential Services Outpatient - Groups<br>ent - Individual; Adult Non-Residential Services Outpatient - Co-<br>nile Assessment Services Substance Abuse Evaluations; Juveni                                                                                                                                          | Occurring Treatment; Adul<br>le Non-Residential Service                                  | t Non-Residential<br>s                        |
|                           | Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-F                                                    | al Services Outpatient - Groups; Juvenile Non-Residential Servi-<br>Residential Services Outpatient - Co-Occurring Treatment; Juver                                                                                                                                                                                                           |                                                                                          |                                               |
| Mental Health Services:   | Intervention/Education; Juvenile Non-Residentia                                                                                                      | Residential Services Outpatient - Co-Occurring Treatment; Juver                                                                                                                                                                                                                                                                               |                                                                                          |                                               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                                        | Address                                                                                                                          | Phone                                                                                                                                      | Fax                         |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|                           | Sessions-Mental Health; Outpatient Therapy - Co<br>Outpatient Therapy-Co-occurring; Assessment: F                                                                                                                                                             |                                                                                                                                  |                                                                                                                                            |                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                            |                             |
| Jones , LeTroy            | Multicultural Youth & Family Counseling                                                                                                                                                                                                                       | 4830 Wilshire Blvd Lincoln NB 685                                                                                                | 05 (402)890-107                                                                                                                            | 7 (402)474-2583             |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Outpar<br>Residential Services Short Term Residential; Juv<br>Intervention/Education; Juvenile Non-Residential<br>Juvenile Non-Residential Services Intensive Outp | ient - Co-Occurring Treatment; Adult Non<br>enile Assessment Services Substance Ab<br>Services Outpatient - Individual; Juvenile | -Residential Services Intensive Outpatient T<br>buse Evaluations; Juvenile Non-Residential S<br>Non-Residential Services Outpatient - Co-O | reatment; Adult Services    |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                            |                             |
|                           | Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Mental Status Exam (M                                                                                                                                                               |                                                                                                                                  | ns-Mental Health; Assessment: Pre-Treatme                                                                                                  | ent Assessment              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            | ,                                                                                                                                |                                                                                                                                            |                             |
| Jones , LeTroy            | Multicultural Youth & Family Counseling                                                                                                                                                                                                                       | 4830 Wilshire Blvd Lincoln NB 685                                                                                                | 05 (402)890-107                                                                                                                            | 7 (402)474-2583             |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Outpar<br>Residential Services Short Term Residential; Juv<br>Intervention/Education; Juvenile Non-Residential<br>Juvenile Non-Residential Services Intensive Outp | ient - Co-Occurring Treatment; Adult Non<br>enile Assessment Services Substance Ab<br>Services Outpatient - Individual; Juvenile | -Residential Services Intensive Outpatient T<br>buse Evaluations; Juvenile Non-Residential S<br>Non-Residential Services Outpatient - Co-O | reatment; Adult<br>Services |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                            |                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Mental Status Exam (M                                                                                                                                                               | ,                                                                                                                                | ns-Mental Health; Assessment: Pre-Treatme                                                                                                  | ent Assessment              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            | •                                                                                                                                |                                                                                                                                            |                             |
| Jones, Bernard            | Alcohol and Drug Counseling Services                                                                                                                                                                                                                          | 5600 S 38th St Lincoln NB 68516                                                                                                  | (402)580-4542                                                                                                                              | 2                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment                                                                                                                                       |                                                                                                                                  |                                                                                                                                            |                             |
| Mental Health Services:   | Outpatient Treatment                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                            |                             |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                            |                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                            |                             |
| Jones, Bernard            | Alcohol and Drug Counseling Services                                                                                                                                                                                                                          | 5600 S 38th St Lincoln NB 68516                                                                                                  | (402)580-4542                                                                                                                              | 2                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                      |                             |
| Mental Health Services:   | Outpatient Treatment                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                            |                             |
|                           |                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                            |                             |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                            | Address                                                                                                              | Phone                              | Fax                 |
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| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                      |                                    |                     |
| Jones, Erika              | Lutheran Family Services of NE Inc                                                                | 2301 O St Lincoln NB 68510                                                                                           | (402)441-7940                      |                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Intervention/                                                              | Education; Adult Non-Residential S | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      |                                                                                                                      |                                    |                     |
| Juvenile Services:        |                                                                                                   | (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.                                                                           |                                    |                     |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                      |                                    |                     |
| Jones, Erika              | Lutheran Family Services of NE Inc                                                                | 2301 O St Lincoln NB 68510                                                                                           | (402)441-7940                      |                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Outpa  | aluations; Adult Non-Residential Services Intervention/                                                              | Education; Adult Non-Residential S | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      |                                                                                                                      |                                    |                     |
| Juvenile Services:        | ,                                                                                                 | ,                                                                                                                    |                                    |                     |
| 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/<br>nt - Individual; Adult Non-Residential Services Outpatier |                                    | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      |                                                                                                                      | it - 00 Occurring Treatment        |                     |
| Juvenile Services:        |                                                                                                   | •                                                                                                                    |                                    |                     |
| 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/<br>nt - Individual; Adult Non-Residential Services Outpatier |                                    | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | ·                                                                                                                    | it - 00 Occurring Treatment        |                     |
| Juvenile Services:        |                                                                                                   |                                                                                                                      |                                    |                     |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                      |                                    |                     |
| Karges, Casey             | The Mediation Center                                                                              | 610 J St. Suite 100 Lincoln NB 68508                                                                                 | (402)441-5740                      | (402)499-7089       |
| Substance Abuse Services: |                                                                                                   |                                                                                                                      |                                    |                     |
| Mental Health Services:   |                                                                                                   |                                                                                                                      |                                    |                     |

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale; Bilingual Services;

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| Name                                                          | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                | Fax                                                                                              |
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| Karges, Casey                                                 | The Mediation Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 610 J St. Suite 100 Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)441-5740                                                                                                        | (402)499-7089                                                                                    |
| Substance Abuse Services:                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Mental Health Services:                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )                                                                                                                    |                                                                                                  |
| Other Services:                                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Knight, Debra                                                 | Debra Davidson Counseling and Mediation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4600 Valley Road Ste 319 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)540-8650                                                                                                        |                                                                                                  |
| Substance Abuse Services:                                     | Individual; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adient - Co-Occurring Treatment; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Individual; Juvenile Non-F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ance Abuse Evaluati                                                                                                  | ions; Juvenile Non-                                                                              |
| Mental Health Services:                                       | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Juvenile Services:                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Other Services:                                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Knight, Debra                                                 | Debra Davidson Counseling and Mediation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4600 Valley Road Ste 319 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)540-8650                                                                                                        |                                                                                                  |
| Substance Abuse Services:                                     | Individual; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adient - Co-Occurring Treatment; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Individual; Juvenile Non-F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ance Abuse Evaluati                                                                                                  | ions; Juvenile Non-                                                                              |
| Mental Health Services:                                       | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Juvenile Services:                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Other Services:                                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                  |
| Other Services:                                               | Sliding Fee Scale; Stephen Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459                                                                                                        | (402)715-5452                                                                                    |
| Koch, Lori                                                    | Stephen Center  Adult Assessment Services Substance Abuse Ever Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individu | 5217 S 28th St Omaha NB 68107  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 E enile Assessment Services Substance Abuse Evaluations; Juvenile Ntient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential<br>dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Resi | Services Outpatie<br>Services Outpatie<br>/SA); Adult<br>rices Care Monitori<br>dential Services |
| Koch, Lori<br>Substance Abuse Services:                       | Stephen Center  Adult Assessment Services Substance Abuse Ever Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatien Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A rt - Family; Adult Non-Residential Services Outpatient - Individual; Activities Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Nitient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment dult Non-Residential<br>dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Resi | Services Outpatie<br>Services Outpatie<br>/SA); Adult<br>rices Care Monitori<br>dential Services |
| Koch, Lori Substance Abuse Services:  Mental Health Services: | Stephen Center  Adult Assessment Services Substance Abuse Everagroups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Streatment Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A rt - Family; Adult Non-Residential Services Outpatient - Individual; Activities Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Nitient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment dult Non-Residential<br>dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Resi | Services Outpatie<br>Services Outpatie<br>/SA); Adult<br>rices Care Monitor<br>dential Services  |

| 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<br>Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpaties | valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I venile Assessment Services Substance Abuse Evaluations; Juvenile I atient - Groups; Juvenile Non-Residential Services Outpatient - Famil Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Res | Services Outpatient<br>I/SA); Adult<br>vices Care Monitoring<br>idential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                   |
| 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: | Adult Non-Residential Services Outpatient - Fam                                                                                                                                             | valuations; Adult Non-Residential Services Partial Care; Adult Non-Re<br>illy; Adult Non-Residential Services Outpatient - Individual; Adult Non<br>vices Intensive Outpatient Treatment; Adult Residential Services Dua<br>I Services Short Term Residential                                                                                                                                                                | -Residential Services                                                                       | S Outpatient - Co-                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                   |
| 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: | Adult Non-Residential Services Outpatient - Fam                                                                                                                                             | valuations; Adult Non-Residential Services Partial Care; Adult Non-Re<br>illy; Adult Non-Residential Services Outpatient - Individual; Adult Non<br>vices Intensive Outpatient Treatment; Adult Residential Services Dua<br>I Services Short Term Residential                                                                                                                                                                | -Residential Services                                                                       | S Outpatient - Co-                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                   |
| Juvenile Services:        | ,                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                   |
| Kumke, Melissa            | CenterPointe                                                                                                                                                                                | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                   | (402)475-5161                                                                               | (402)475-3300                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv<br>Intensive Outpatient Treatment; Juvenile Non-Re                                                                                        | cation; Adult Non-Residential Services Outpatient - Groups; Adult Novidual; Adult Non-Residential Services Outpatient - Co-Occurring Treastidential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile NorServices Intensive Outpatient Treatment                                                                                                                          | atment; Adult Non-Re<br>Services Outpatient -                                               | esidential Services<br>Groups; Juvenile                                           |
|                           |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                   |
|                           | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                            | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                   |                                                                                             |                                                                                   |

| Name                                          | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                  | Phone                                              | Fax                                     |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|
| Kumke, Melissa                                | CenterPointe                                                                                         | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                                                               | (402)475-5161                                      | (402)475-3300                           |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Indiv<br>Intensive Outpatient Treatment; Juvenile Non-Re | cation; Adult Non-Residential Services Outpatient - Groups; Adu<br>vidual; Adult Non-Residential Services Outpatient - Co-Occurring<br>esidential Services Intervention/Education; Juvenile Non-Resider<br>evenile Non-Residential Services Outpatient - Individual; Juvenile<br>Services Intensive Outpatient Treatment | Treatment; Adult Non-Rential Services Outpatient - | esidential Services<br>Groups; Juvenile |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                         |                                                    |                                         |
|                                               | Mental Health; Outpatient Therapy - Co-occurring Co-Occurring                                        | utpatient Therapy including Group Sessions-Mental Health; Outp<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessn                                                                                                                                                                                            |                                                    |                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Lamp, Melinda                                 | Associates in Counseling & Treatment                                                                 | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                               | (402)326-0361                                      |                                         |
| Substance Abuse Services:                     | Monitoring SA/MH; Adult Non-Residential Service                                                      | valuations; Adult Non-Residential Services Intervention/Educatio es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident                                                                                                                          | nt - Family; Adult Non-Re                          | esidential Services                     |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                         |                                                    |                                         |
| Juvenile Services:                            |                                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Lamp, Melinda                                 | Associates in Counseling & Treatment                                                                 | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                               | (402)326-0361                                      |                                         |
| Substance Abuse Services:                     | Monitoring SA/MH; Adult Non-Residential Service                                                      | valuations; Adult Non-Residential Services Intervention/Educatio es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident                                                                                                                          | nt - Family; Adult Non-Re                          | esidential Services                     |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                         |                                                    |                                         |
| Juvenile Services:                            |                                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Larsen, Nicole                                | Bryan Independence Center                                                                            | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                           | (402)481-5880                                      | (402)481-5495                           |
| Substance Abuse Services:                     |                                                                                                      | valuations; Juvenile Non-Residential Services Outpatient - Group<br>ervices Outpatient - Individual; Juvenile Non-Residential Services                                                                                                                                                                                   |                                                    |                                         |
|                                               | •                                                                                                    |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Mental Health Services:                       | Residential Services Short Term Residential                                                          |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |
| Mental Health Services:<br>Juvenile Services: | •                                                                                                    |                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                        | Phone         | Fax           |
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| Larsen, Nicole            | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                 | (402)481-5880 | (402)481-5495 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Juvenile Non-Residential Services Outpatient - Gr<br>rvices Outpatient - Individual; Juvenile Non-Residential Serv |               |               |
| Mental Health Services:   | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                                                                                                                |               |               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |               |               |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |               |               |
| Larson, Kristin           | The Bridge Behavioral Health Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 721 K St. Lincoln NB 68508                                                                                                     | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Adult Residential Services Dual Residential (MH/S<br>m Residential; Juvenile Assessment Services Substance Ab      |               | es Extended   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |               |               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |               |               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |               |               |
| Larson, Kristin           | The Bridge Behavioral Health Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 721 K St. Lincoln NB 68508                                                                                                     | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Adult Residential Services Dual Residential (MH/S<br>m Residential; Juvenile Assessment Services Substance Ab      |               | es Extended   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |               |               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |               |               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |               |               |
| Leikam, Megan             | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                     | (402)261-6667 |               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Adult Non-Residential Services Intervention/Educ<br>ent - Family; Adult Non-Residential Services Outpatient - Indi |               |               |
| Mental Health Services:   | Carpanent Freament                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |               |               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |               |               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |               |               |
| Leikam, Megan             | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                     | (402)261-6667 |               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Adult Non-Residential Services Intervention/Educ<br>ent - Family; Adult Non-Residential Services Outpatient - Indi |               |               |
| Mental Health Services:   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |               |               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |               |               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |               |               |

| Name                                                                       | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                               | Phone                                                                                 | Fax                 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------|
| Lile, Melissa                                                              | Alivation Health LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8550 Cuthills Circle Lincoln NB 68526                                                                                                                                                                                                                 | (402)476-6060                                                                         |                     |
| Substance Abuse Services:                                                  | Family; Adult Non-Residential Services Outpa<br>Services Substance Abuse Evaluations; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evaluations; Adult Non-Residential Services Intervention/Edatient - Individual; Adult Non-Residential Services Outpatient nile Non-Residential Services Intervention/Education; Juveni - Individual; Juvenile Non-Residential Services Outpatient -   | - Co-Occurring Treatment; Juve le Non-Residential Services Out                        | nile Assessment     |
| Mental Health Services:                                                    | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                  |                                                                                       |                     |
| Juvenile Services:                                                         | Outpatient Therapy - Individual-Mental Health Pre-Treatment Assessment (Medicaid); Asses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | i; Outpatient Therapy including Family Sessions-Mental Heal ssment: Co-Occurring                                                                                                                                                                      | th; Outpatient Therapy - Co-occi                                                      | urring; Assessment: |
| Other Services:                                                            | Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                                                                                                                                                                                                     |                                                                                       |                     |
| Lile, Melissa                                                              | Alivation Health LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8550 Cuthills Circle Lincoln NB 68526                                                                                                                                                                                                                 | (402)476-6060                                                                         |                     |
| Substance Abuse Services:                                                  | Family; Adult Non-Residential Services Outpa<br>Services Substance Abuse Evaluations; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E Evaluations; Adult Non-Residential Services Intervention/Edatient - Individual; Adult Non-Residential Services Outpatient nile Non-Residential Services Intervention/Education; Juveni - Individual; Juvenile Non-Residential Services Outpatient - | <ul> <li>Co-Occurring Treatment; Juve<br/>ile Non-Residential Services Out</li> </ul> | nile Assessment     |
| Mental Health Services:                                                    | Outpatient Therapy; Pre-Treatment Assessme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                  |                                                                                       |                     |
| Juvenile Services:                                                         | Outpatient Therapy - Individual-Mental Health Pre-Treatment Assessment (Medicaid); Asses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | i; Outpatient Therapy including Family Sessions-Mental Heal<br>ssment: Co-Occurring                                                                                                                                                                   | th; Outpatient Therapy - Co-occi                                                      | urring; Assessment: |
| Other Services:                                                            | Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       |                                                                                       |                     |
| Martin, Kelly                                                              | Touchstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                            | (402)474-4343                                                                         | (402)474-6957       |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Adult Residential Services Short Term Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ential                                                                                                                                                                                                                                                |                                                                                       |                     |
|                                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |                                                                                       |                     |
| Martin, Kelly                                                              | Touchstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                            | (402)474-4343                                                                         | (402)474-6957       |
| Mental Health Services:<br>Juvenile Services:                              | Adult Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Se | ential                                                                                                                                                                                                                                                |                                                                                       |                     |
| Mason, Amanda                                                              | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                            | (402)580-6144                                                                         |                     |
| Substance Abuse Services:                                                  | Adult Assessment Services Substance Abuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - Itial Services Intensive Outpatient Treatment ent (bio-psychosocial); Co-Occurring                                            | *                                                                                     |                     |
| Juvenile Services:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                     |                                                                                       |                     |
| ••••••                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |                                                                                       |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                       | Address                                                                                                                                                       | Phone         | Fax |
|---------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|
| Mason, Amanda             | Lutheran Family Services of NE Inc           | 2301 O St Lincoln NB 68510                                                                                                                                    | (402)580-6144 |     |
| Substance Abuse Services: |                                              | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Services Interesting Outpatient Treatment |               |     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment |                                                                                                                                                               |               |     |
| Juvenile Services:        |                                              | 3                                                                                                                                                             |               |     |
| Other Services:           | Sliding Fee Scale;                           |                                                                                                                                                               |               |     |
| Mcclure, Gina             | Halo Counseling Center                       | 8998 L St Suite 110 Omaha NB 68127                                                                                                                            | (402)881-0771 |     |
| Substance Abuse Services: |                                              | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient -                                           |               |     |
| Mental Health Services:   |                                              |                                                                                                                                                               |               |     |
| Juvenile Services:        |                                              |                                                                                                                                                               |               |     |
| Other Services:           | Sliding Fee Scale;                           |                                                                                                                                                               |               |     |
| Mcclure, Gina             | Halo Counseling Center                       | 8998 L St Suite 110 Omaha NB 68127                                                                                                                            | (402)881-0771 |     |
| Substance Abuse Services: |                                              | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient -                                           |               |     |
| Mental Health Services:   |                                              |                                                                                                                                                               |               |     |
| Juvenile Services:        |                                              |                                                                                                                                                               |               |     |
| Other Services:           | Sliding Fee Scale;                           |                                                                                                                                                               |               |     |
| McDevitt, Jessica         | Houses of Hope                               | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                           | (402)435-3165 |     |
| Substance Abuse Services: | Adult Residential Services Halfway-House     |                                                                                                                                                               |               |     |
| Mental Health Services:   |                                              |                                                                                                                                                               |               |     |
| Juvenile Services:        |                                              |                                                                                                                                                               |               |     |
| Other Services:           | Sliding Fee Scale;                           |                                                                                                                                                               |               |     |
| McDevitt, Jessica         | Houses of Hope                               | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                           | (402)435-3165 |     |
| Substance Abuse Services: | Adult Residential Services Halfway-House     |                                                                                                                                                               |               |     |
| Mental Health Services:   |                                              |                                                                                                                                                               |               |     |
| Juvenile Services:        |                                              |                                                                                                                                                               |               |     |

| Name                                                                                                                                                                                                   | Agency                                                                                                                                                                                                                                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                                        | Fax                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| McLeese, Stephanie                                                                                                                                                                                     | CenterPointe                                                                                                                                                                                                                                                                                                                                                                                                              | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-5161                                                                                                                                                                                                                | (402)475-3300                                                                                                           |
| Substance Abuse Services:                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                           | Evaluations; Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ps; Adult Non-Residential Se                                                                                                                                                                                                 | rvices Outpatient -                                                                                                     |
| Mental Health Services:                                                                                                                                                                                | Individual; Adult Non-Residential Services Ou                                                                                                                                                                                                                                                                                                                                                                             | tpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                                         |
| Juvenile Services:                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
| Other Services:                                                                                                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
| McLeese, Stephanie                                                                                                                                                                                     | CenterPointe                                                                                                                                                                                                                                                                                                                                                                                                              | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-5161                                                                                                                                                                                                                | (402)475-3300                                                                                                           |
| Substance Abuse Services:                                                                                                                                                                              | Adult Assessment Services Substance Abuse Individual; Adult Non-Residential Services Ou                                                                                                                                                                                                                                                                                                                                   | Evaluations; Adult Non-Residential Services Outpatient - Grou toatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ps; Adult Non-Residential Se                                                                                                                                                                                                 | rvices Outpatient -                                                                                                     |
| Mental Health Services:                                                                                                                                                                                | ,                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
| Juvenile Services:                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
| Other Services:                                                                                                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
| McMorris, Kimberly                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           | 8502 Underwood AVe Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)507-9947                                                                                                                                                                                                                | (402)884-1312                                                                                                           |
| Mental Health Services:                                                                                                                                                                                | Individual; Juvenile Assessment Services Sub<br>Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                          | estance Abuse Evaluations; Juvenile Non-Residential Services (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Outpatient - Family; Juvenile                                                                                                                                                                                                | Non-Residential                                                                                                         |
| Juvenile Services:                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
|                                                                                                                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                         |
|                                                                                                                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                        | 8502 Underwood AVe Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)507-9947                                                                                                                                                                                                                | (402)884-1312                                                                                                           |
| Other Services: McMorris, Kimberly                                                                                                                                                                     | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services Sub                                                                                                                                                                                                                                                                                                                                    | 8502 Underwood AVe Omaha NB 68114  Evaluations; Adult Non-Residential Services Outpatient - Fami estance Abuse Evaluations; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                  | ly; Adult Non-Residential Ser                                                                                                                                                                                                | vices Outpatient -                                                                                                      |
| Other Services: McMorris, Kimberly                                                                                                                                                                     | Adult Assessment Services Substance Abuse                                                                                                                                                                                                                                                                                                                                                                                 | Evaluations; Adult Non-Residential Services Outpatient - Fami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ly; Adult Non-Residential Ser                                                                                                                                                                                                | vices Outpatient -                                                                                                      |
| Other Services:  McMorris, Kimberly  Substance Abuse Services:                                                                                                                                         | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services Sub                                                                                                                                                                                                                                                                                                                                    | Evaluations; Adult Non-Residential Services Outpatient - Fami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ly; Adult Non-Residential Ser                                                                                                                                                                                                | vices Outpatient -                                                                                                      |
| Other Services:  McMorris, Kimberly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                            | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services Sub                                                                                                                                                                                                                                                                                                                                    | Evaluations; Adult Non-Residential Services Outpatient - Fami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ly; Adult Non-Residential Ser                                                                                                                                                                                                | vices Outpatient -                                                                                                      |
| Other Services:  McMorris, Kimberly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                            | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services Sub Services Outpatient - Individual                                                                                                                                                                                                                                                                                                   | Evaluations; Adult Non-Residential Services Outpatient - Fami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ly; Adult Non-Residential Ser                                                                                                                                                                                                | vices Outpatient -                                                                                                      |
| Other Services:  McMorris, Kimberly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  McNichols, Stephanie                                                     | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services Subservices Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient                                                                                      | Evaluations; Adult Non-Residential Services Outpatient - Fami estance Abuse Evaluations; Juvenile Non-Residential Services (                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ly; Adult Non-Residential Ser Outpatient - Family; Juvenile  (402)440-6496  ation; Adult Non-Residential vidual; Adult Non-Residential ent Services Substance Abus venile Non-Residential Service                            | vices Outpatient - Non-Residential  Services Outpatient I Services Outpatier e Evaluations; Juve tes Outpatient - Fan   |
| Other Services:  McMorris, Kimberly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  McNichols, Stephanie  Substance Abuse Services:                          | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services SubServices Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education                                                                                     | Evaluations; Adult Non-Residential Services Outpatient - Family Stance Abuse Evaluations; Juvenile Non-Residential Services of 4701 Van Dorn Suite B Lincoln NB 68506  Evaluations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Indial Services Intensive Outpatient Treatment; Juvenile Assessmeion; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co                                                                                                | ly; Adult Non-Residential Ser Outpatient - Family; Juvenile  (402)440-6496  ation; Adult Non-Residential vidual; Adult Non-Residential ent Services Substance Abus venile Non-Residential Service                            | vices Outpatient - Non-Residential  Services Outpatien I Services Outpatiel e Evaluations; Juve tes Outpatient - Far    |
| Other Services:  McMorris, Kimberly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  McNichols, Stephanie  Substance Abuse Services:  Mental Health Services: | Adult Assessment Services Substance Abuse Individual; Juvenile Assessment Services Subservices Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | Evaluations; Adult Non-Residential Services Outpatient - Familystance Abuse Evaluations; Juvenile Non-Residential Services of 4701 Van Dorn Suite B Lincoln NB 68506  Evaluations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Indial Services Intensive Outpatient Treatment; Juvenile Assessmeion; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Coent (bio-psychosocial); Co-Occurring; Outpatient Therapy including Group Sessions-Mental Health; | ly; Adult Non-Residential Ser Outpatient - Family; Juvenile  (402)440-6496  ation; Adult Non-Residential vidual; Adult Non-Residential ent Services Substance Abus venile Non-Residential Servic-Occurring Treatment; Juveni | Services Outpatient Services Outpatien I Services Outpatie E Evaluations; Juve Ses Outpatient - Far ile Non-Residential |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                    | Fax                                                           |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|
| McNichols, Stephanie      |                                                                                                                                                                                                                                                        | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                        | (402)440-6496                                                            |                                                               |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - Ir<br>Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adu<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non<br>individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential S<br>es Substance Abuse I<br>n-Residential Services | ervices Outpatient<br>Evaluations; Juver<br>Goutpatient - Fam |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                           | nt Therapy including Fa                                                  | amily Sessions-                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Mendoza, Ivette           | Jenda Family Services, LLC                                                                                                                                                                                                                             | 815 K Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                 | (402)474-0011                                                            |                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Mendoza, Ivette           | Jenda Family Services, LLC                                                                                                                                                                                                                             | 815 K Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                 | (402)474-0011                                                            |                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Micek, Alicia             | HopeSpoke                                                                                                                                                                                                                                              | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                            |                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                               |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Micek, Alicia             | HopeSpoke                                                                                                                                                                                                                                              | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                            |                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                               |

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

Other Services: Sliding Fee Scale; Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                        | Address                                                                                | Phone               | Fax           |
|---------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|---------------------|---------------|
| Mischke, Lisa             |                                               | 1240 N. 10th St. Suite 2 Lincoln NB 68508                                              | (402)413-1780       |               |
| Substance Abuse Services: |                                               |                                                                                        |                     |               |
| Mental Health Services:   |                                               |                                                                                        |                     |               |
|                           |                                               | utpatient Therapy including Family Sessions-Mental Health                              |                     |               |
| Other Services:           | Sliding Fee Scale;                            |                                                                                        |                     |               |
| Mischke, Lisa             |                                               | 1240 N. 10th St. Suite 2 Lincoln NB 68508                                              | (402)413-1780       |               |
| Substance Abuse Services: |                                               |                                                                                        |                     |               |
| Mental Health Services:   |                                               |                                                                                        |                     |               |
|                           |                                               | utpatient Therapy including Family Sessions-Mental Health                              |                     |               |
| Other Services:           | Sliding Fee Scale;                            |                                                                                        |                     |               |
| Montgomery Lewis, Monica  | Lewis Counseling Services                     | 3825 Ames Ave Omaha NB 68111                                                           | (402)320-3566       | (402)939-0755 |
| Substance Abuse Services: |                                               |                                                                                        |                     |               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment  | (bio-psychosocial)                                                                     |                     |               |
| Juvenile Services:        |                                               | Evening Reporting; Non-Treatment: Anger Management Class; Out                          |                     |               |
|                           | Assessment (Medicaid); Assessment: Mental Sta | ental Health; Outpatient Therapy including Family Sessions-Mental l<br>atus Exam (MSE) | Health; Assessment: | Pre-Treatment |
| Other Services:           | Sliding Fee Scale;                            |                                                                                        |                     |               |
| Montgomery Lewis, Monica  | Lewis Counseling Services                     | 3825 Ames Ave Omaha NB 68111                                                           | (402)320-3566       | (402)939-0755 |
| Substance Abuse Services: |                                               |                                                                                        |                     |               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment  | (bio-psychosocial)                                                                     |                     |               |
| Juvenile Services:        |                                               | Evening Reporting; Non-Treatment: Anger Management Class; Out                          |                     |               |
|                           | Assessment (Medicaid); Assessment: Mental Sta | ental Health; Outpatient Therapy including Family Sessions-Mental l<br>atus Exam (MSE) | Health; Assessment: | Pre-Treatment |
| Other Services:           | Sliding Fee Scale;                            | (,                                                                                     |                     |               |
| Mora, Guadalupe           | Jenda Family Services, LLC                    | 815 K Street Lincoln NB 68508                                                          | (402)474-0011       |               |
| Substance Abuse Services: |                                               |                                                                                        |                     |               |
| Mental Health Services:   |                                               |                                                                                        |                     |               |
| Juvenile Services:        | Non-Treatment: Family Support Worker          |                                                                                        |                     |               |
| Other Services:           | Bilingual Services;                           |                                                                                        |                     |               |
| Mora, Guadalupe           | Jenda Family Services, LLC                    | 815 K Street Lincoln NB 68508                                                          | (402)474-0011       |               |
| Substance Abuse Services: |                                               |                                                                                        |                     |               |
| Mental Health Services:   |                                               |                                                                                        |                     |               |

Other Services: Bilingual Services;

Juvenile Services: Non-Treatment: Family Support Worker

| Name                      | Agency                                          | Address                                                                                                                 | Phone                | Fax                 |
|---------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Moshiri, Shireen          | Lutheran Family Services of NE Inc              | 2301 O St Lincoln NB 68510                                                                                              | (402)506-9276        |                     |
| Substance Abuse Services: |                                                 | valuations; Adult Non-Residential Services Intervention/Eent - Individual; Adult Non-Residential Services Intensive     |                      | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment    | (bio-psychosocial); Co-Occurring                                                                                        |                      |                     |
| Juvenile Services:        |                                                 |                                                                                                                         |                      |                     |
| Other Services:           | Sliding Fee Scale;                              |                                                                                                                         |                      |                     |
| Moshiri, Shireen          | Lutheran Family Services of NE Inc              | 2301 O St Lincoln NB 68510                                                                                              | (402)506-9276        |                     |
| Substance Abuse Services: |                                                 | valuations; Adult Non-Residential Services Intervention/E<br>ent - Individual; Adult Non-Residential Services Intensive |                      | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment    |                                                                                                                         | Outpatient Treatment |                     |
| Juvenile Services:        | , , , , , , , , , , , , , , , , , , , ,         |                                                                                                                         |                      |                     |
| 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 Services:           | Bilingual Services;                             |                                                                                                                         |                      |                     |
| Moyer, Kasey              | Mental Health Association of Nebraska           | 1645 N St Lincoln NB 68508                                                                                              | (402)441-4382        | (402)441-4377       |
| Substance Abuse Services: |                                                 |                                                                                                                         |                      |                     |
| Mental Health Services:   | Outpatient Therapy                              |                                                                                                                         |                      |                     |
| Juvenile Services:        |                                                 |                                                                                                                         |                      |                     |
| Other Services:           | Bilingual Services;                             |                                                                                                                         |                      |                     |
| Mulcahy, K Rachel         | Affirmation Drug and Alcohol Counseling         | 301 S 70th St #313 Lincoln NB 68510                                                                                     |                      |                     |
| Substance Abuse Services: |                                                 | valuations; Adult Non-Residential Services Intervention/E<br>ent - Family; Adult Non-Residential Services Outpatient -  |                      |                     |
| Mental Health Services:   |                                                 |                                                                                                                         |                      |                     |
| Juvenile Services:        |                                                 |                                                                                                                         |                      |                     |
| Other Services:           | No Voucher Acceptance;                          |                                                                                                                         |                      |                     |
| Mulcahy, K Rachel         | Affirmation Drug and Alcohol Counseling         | 301 S 70th St #313 Lincoln NB 68510                                                                                     |                      |                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Eent - Family; Adult Non-Residential Services Outpatient -      |                      |                     |
| Mental Health Services:   | Outpatient Treatment                            |                                                                                                                         |                      |                     |
| ivientai neatti services. |                                                 |                                                                                                                         |                      |                     |

| Name                      | Agency                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone                                                                  | Fax                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|
| Other Services:           | No Voucher Acceptance;                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Munet Ginorio, Alexandra  | Nebraska Mental Health Centers                                                                                                                       | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)483-6990                                                          | (402)482-7045                                                  |
| Substance Abuse Services: |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                         | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Assessment: Psychological Evaluation; Assessm                                                     | 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: 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:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                         | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid);<br>ent: 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<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Cocurring Treatment; Juvenile Non-Residential Services Intensive (                                                                                                                                                                                          | dult Non-Residential<br>vices Intervention/Ed<br>esidential Services ( | Services Outpatient ducation; Juvenile Outpatient - Individual |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>g                                                                                                                                                                                                                                                                                                                                                                                              | nt Therapy including<br>ntensive Outpatient:                           | Family Sessions-<br>Intensive Outpatient                       |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Murphy, Emily             | CenterPointe                                                                                                                                         | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)475-5161                                                          |                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment; Juvenile Non-Residential Services Intensive Occurring Treatment | dult Non-Residential<br>vices Intervention/Ed<br>esidential Services ( | Services Outpatient ducation; Juvenile Outpatient - Individua  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                |
| Juvenile Services:        |                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I<br>g                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |

| Name                                                                                                                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax                                                                               |
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| Nelsen, David                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5827 Oakridge Dr. Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                        | (402)489-4183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |
| Substance Abuse Services:                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vices Outpatient -                                                                |
| Mental Health Services:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ent - Family; Adult Non-Residential Services Outpatient - Indivi                                                                                                                                                                                                                                                                                                                          | dual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |
| Juvenile Services:                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
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| Nelsen, David                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5827 Oakridge Dr. Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                        | (402)489-4183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |
|                                                                                                                           | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indivi                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vices Outpatient -                                                                |
| Mental Health Services:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Juvenile Services:                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Other Services:                                                                                                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Nichols, Kayla                                                                                                            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                  | (402)261-9273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |
| Substance Abuse Services:                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Mental Health Services:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Juvenile Services:                                                                                                        | Non-Treatment: Intensive Family Preservation; C<br>Outpatient Therapy - Eating Disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                                                                                                                                                                                                                                                           | apy including Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mental Health;                                                                    |
| Other Services:                                                                                                           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Nichols, Kayla                                                                                                            | Mid-Plains Center for Behavioral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                  | (402)261-9273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |
|                                                                                                                           | Healthcare Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
| Substance Abuse Services:                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
| Substance Abuse Services:<br>Mental Health Services:                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
| Mental Health Services:                                                                                                   | Non-Treatment: Intensive Family Preservation; C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mental Health;                                                                    |
| Mental Health Services:<br>Juvenile Services:                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mental Health;                                                                    |
| Mental Health Services:<br>Juvenile Services:                                                                             | Non-Treatment: Intensive Family Preservation; C<br>Outpatient Therapy - Eating Disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient Therapy - Individual-Mental Health; Outpatient Thera 4600 Valley Road Lincoln NB 68510                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mental Health;                                                                    |
| Mental Health Services:<br>Juvenile Services:<br>Other Services:<br>Nider , Keri                                          | Non-Treatment: Intensive Family Preservation; Coutpatient Therapy - Eating Disorder Sliding Fee Scale;  Lincoln Medical Education Partnership  Adult Assessment Services Substance Abuse Exercises; Adult Non-Residential Services Outpaties Co-Occurring Treatment; Juvenile Assessment Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occurring Treatment; Services Co-Occu | 4600 Valley Road Lincoln NB 68510  valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Individential Services Substance Abuse Evaluations; Juvenile Non-Residentuvenile Non-Residentuvenile Non-Residential Services Outpatient - Family; Juvenile                                                                    | (308)765-2401  cion; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual; Adult Non-Residential Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual Serdual S | vices Outpatient -<br>rvices Outpatient<br>ation; Juvenile                        |
| Mental Health Services: Juvenile Services: Other Services: Nider , Keri Substance Abuse Services: Mental Health Services: | Non-Treatment: Intensive Family Preservation; Coutpatient Therapy - Eating Disorder Sliding Fee Scale;  Lincoln Medical Education Partnership  Adult Assessment Services Substance Abuse Exgroups; Adult Non-Residential Services Outpatiet Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Treatment Assessment (bio-psychosocial); Co-Oc | 4600 Valley Road Lincoln NB 68510  valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Individences Substance Abuse Evaluations; Juvenile Non-Residentuvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment                                                                           | (308)765-2401  ion; Adult Non-Residential Serdual; Adult Non-Residential Setial Services Intervention/Education-Residential Services Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | vices Outpatient -<br>rvices Outpatient<br>ation; Juvenile<br>patient - Individua |
| Mental Health Services:                                                                                                   | Non-Treatment: Intensive Family Preservation; Coutpatient Therapy - Eating Disorder Sliding Fee Scale;  Lincoln Medical Education Partnership  Adult Assessment Services Substance Abuse Exgroups; Adult Non-Residential Services Outpatiet Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Treatment Assessment (bio-psychosocial); Co-Oc | 4600 Valley Road Lincoln NB 68510  valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Individences Substance Abuse Evaluations; Juvenile Non-Residentuvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment Co-Occurring Untpatient Therapy including Group Sessions-Mental Health; O | (308)765-2401  ion; Adult Non-Residential Serdual; Adult Non-Residential Setial Services Intervention/Education-Residential Services Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | vices Outpatient -<br>rvices Outpatient<br>ation; Juvenile<br>patient - Individua |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                      | Fax                                    |
|---------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|
| Nider , Keri              | Lincoln Medical Education Partnership                                                            | 4600 Valley Road Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)765-2401                                              |                                        |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - In | lual; Adult Non-Residential<br>al Services Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                   | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                        |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                 | utpatient Therapy including Group Sessions-Mental Health; Oug; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tpatient Therapy including                                 | Family Sessions-                       |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                              | (402)488-0017                          |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                  | atment Assessment (bio-psychosocial); Adults who Sexually Ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ırm Evaluation; Psychologi                                 | cal Evaluation                         |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                              | (402)488-0017                          |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                  | atment Assessment (bio-psychosocial); Adults who Sexually Ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rm Evaluation; Psychologi                                  | cal Evaluation                         |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Palacios , Juan           | Adjudicated Youth Services                                                                       | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)739-1793                                              |                                        |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                    | eatment: Mentoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                        |
| Other Services:           | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Palacios , Juan           | Adjudicated Youth Services                                                                       | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)739-1793                                              |                                        |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                        |

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Mentoring

Other Services: Bilingual Services;

| 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                                                                                                                                                            | 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:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                          |
| Juvenile Services:                            | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpat<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healtl<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MS                                                                                                                                                                | n; 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                                            |
| Juvenile Services:                            | Outpatient - Individual; Adult Non-Residential Sei<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring | es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | Services Intensive Out<br>tient Therapy including<br>n; Intensive Outpatient | tpatient Treatment Family Sessions- Intensive Outpatient |
| Parde, Mikayla                                | Alcohol & Drug Solutions                                                                                                                                                                                   | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                                                                         | (402)430-3273                                                                |                                                          |
| Mental Health Services:<br>Juvenile Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intens<br>Sliding Fee Scale;                                                                                    | valuations; Adult Non-Residential Services Outpatient - Groups; Ad<br>iive Outpatient Treatment                                                                                                                                                                                                                                                                         | ult Non-Residential Se                                                       | rvices Outpatient -                                      |
| Parde, Mikayla                                | Alcohol & Drug Solutions                                                                                                                                                                                   | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                                                                         | (402)430-3273                                                                |                                                          |
| Mental Health Services:<br>Juvenile Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Sliding Fee Scale;                                                                                          | valuations; Adult Non-Residential Services Outpatient - Groups; Ad<br>sive Outpatient Treatment                                                                                                                                                                                                                                                                         | ult Non-Residential Se                                                       | rvices Outpatient -                                      |

| 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                                                                    |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residential<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Educ<br>es Outpatient - Groups; Adult Non-Residential Services Outp<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention<br>Evaluations; Juvenile Non-Residential Services Intervention<br>al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | patient - Family; Adult Non-Redential Services Intensive Out<br>MEducation; Juvenile Non-Redervices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                                                                                  |
|                           | Sessions-Mental Health; Outpatient Therapy incl<br>Assessment (Medicaid); Assessment: Co-Occurr                                                                                                                                                                                                 | Treatment: Mentoring; Outpatient Therapy - Individual-Menta<br>uding Family Sessions-Mental Health; Outpatient Therapy - (<br>ing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                                                                                  |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                  |
| Parmer, Alisa             | Heartland Family Service                                                                                                                                                                                                                                                                        | 1941 S 42nd St Suite 375 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)552-7419                                                                                                              | (402)457-7791                                                                    |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                                                                                          | raluations; Adult Non-Residential Services Intervention/Educes Outpatient - Groups; Adult Non-Residential Services Outprvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Interventior al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Trestable Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Service | patient - Family; Adult Non-Redential Services Intensive Out/Education; Juvenile Non-Redervices Outpatient - Family; J     | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
|                           | : Non-Treatment: Anger Management Class; Non-                                                                                                                                                                                                                                                   | Treatment: Mentoring; Outpatient Therapy - Individual-Mentauding Family Sessions-Mental Health; Outpatient Therapy - (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | al Health; Outpatient Therapy<br>Co-occurring; Assessment: P                                                               | rincluding Group<br>re-Treatment                                                 |
| 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 Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju                                                                                                                                            | raluations; Adult Non-Residential Services Intervention/Educ<br>ent - Family; Adult Non-Residential Services Outpatient - Indi<br>ervices Substance Abuse Evaluations; Juvenile Non-Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | vidual; Adult Non-Residential<br>Intial Services Intervention/Ed                                                           | Services Outpatient ducation; Juvenile                                           |
|                           | Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                | uvenile Non-Residential Services Outpatient - Family; Juveni<br>o-Occurring Treatment; Juvenile Non-Residential Services I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                  |
| Mental Health Services:   | Juvenile Non-Residential Services Outpatient - C  Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                  | to-Occurring Treatment; Juvenile Non-Residential Services I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |                                                                                  |
|                           | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                   | to-Occurring Treatment; Juvenile Non-Residential Services I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ntensive Outpatient Treatmer Outpatient Therapy including                                                                  | nt .                                                                             |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                 | Agency                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                    | Phone                                                                  | Fax                                                                 |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|
| Patent, Cristin                                      | HopeSpoke                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                 | (402)475-7666                                                          |                                                                     |
| Substance Abuse Services:                            | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; J | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment; Juvenile Non-Residential Services Intensive | Adult Non-Residentia<br>rvices Intervention/Ed<br>Residential Services | Services Outpatient<br>ducation; Juvenile<br>Outpatient - Individua |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                                                   | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                         |                                                                        |                                                                     |
|                                                      | Mental Health; Outpatient Therapy - Co-occurring                                                                                               | Outpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                         |                                                                        | Family Sessions-                                                    |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                             |                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                     |
| Patterson, Jade                                      | HopeSpoke                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                 | (402)475-7666                                                          |                                                                     |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                     |
| Juvenile Services:                                   | Outpatient Therapy - Individual-Mental Health; C                                                                                               | Outpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                 |                                                                        |                                                                     |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                             |                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                     |
| Patterson, Jade                                      | HopeSpoke                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                 | (402)475-7666                                                          |                                                                     |
| Substance Abuse Services:  Mental Health Services:   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                     |
|                                                      | Outpatient Therapy - Individual-Mental Health: 0                                                                                               | Outpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                 |                                                                        |                                                                     |
|                                                      | Sliding Fee Scale;                                                                                                                             | outpatient Therapy including Family Gessions-Wentar Health                                                                                                                                                                                                                                                                 |                                                                        |                                                                     |
| 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:                              |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                     |
| luvonilo Sonvicos:                                   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                     |

Juvenile Services:

Other Services: Hearing Impaired; Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services: Juvenile Services:

| Name                    | Agency                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                 | Phone                                                                    | Fax                                          |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|
| Pickel, Katy            | HopeSpoke                                                                                                                                                                 | 904 Summer St. Lincoln NB 68522                                                                                                                                                                                                                                                                                                         | (402)434-2670                                                            | (402)434-2672                                |
| Substance Abuse Service | es:                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
| Mental Health Service   | 98:                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
|                         | including Family Sessions-Mental Health; Outpat<br>Outpatient Therapy-Mental Health; Intensive Out<br>Sexually Harm; Therapeutic Group Home-Menta<br>Harm Risk Assessment | py - Individual-Mental Health; Outpatient Therapy including Group<br>tient Therapy - Youth Who Sexually Harm; Community Treatment<br>patient: Intensive Outpatient Therapy-Youth Who Sexually Harm;<br>I Health; Therapeutic Group Home - Youth Who Sexually Harm Tr                                                                    | Aide; Intensive Outpation<br>Day Treatment: Day Tr                       | ent: Intensive<br>eatment- Youth Who         |
|                         | es: Sliding Fee Scale;                                                                                                                                                    | 904 Summer St. Lincoln NB 68522                                                                                                                                                                                                                                                                                                         | (400)424-2670                                                            | (402) 424 2672                               |
| Pickel, Katy            | HopeSpoke                                                                                                                                                                 | 904 Summer St. Lincoln NB 66522                                                                                                                                                                                                                                                                                                         | (402)434-2670                                                            | (402)434-2672                                |
| Substance Abuse Service | <del></del>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
| Mental Health Service   |                                                                                                                                                                           | py - Individual-Mental Health; Outpatient Therapy including Group                                                                                                                                                                                                                                                                       | O' M(-111)                                                               | b. Outside at Theorem                        |
| Other Service           | Outpatient Therapy-Mental Health; Intensive Out<br>Sexually Harm; Therapeutic Group Home-Menta<br>Harm Risk Assessment                                                    | tient Therapy - Youth Who Sexually Harm; Community Treatment<br>patient: Intensive Outpatient Therapy-Youth Who Sexually Harm;<br>I Health; Therapeutic Group Home - Youth Who Sexually Harm Tr                                                                                                                                         | Day Treatment: Day Tr                                                    | eatment- Youth Who                           |
|                         | es: Sliding Fee Scale;                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                         | (2.17)222.122.                                                           |                                              |
| Polk, Marcus            | Gateway Transitional Housing LLC                                                                                                                                          | 13217 C St Omaha NB 68144                                                                                                                                                                                                                                                                                                               | (917)932-4321                                                            |                                              |
|                         |                                                                                                                                                                           | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                               |                                                                          | Services Outpatient                          |
| Juvenile Service        |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
| Other Service           | es: Sliding Fee Scale; Bilingual Services;                                                                                                                                |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
| Polk, Marcus            | Gateway Transitional Housing LLC                                                                                                                                          | 13217 C St Omaha NB 68144                                                                                                                                                                                                                                                                                                               | (917)932-4321                                                            |                                              |
| Substance Abuse Service |                                                                                                                                                                           | valuations; Adult Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                      |                                                                          | Services Outpatient                          |
| Montal Hoalth Sonia     | Groups; Adult Non-Residential Services Outpatiens: Outpatient Therapy                                                                                                     | ent - Family; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                                                     |                                                                          |                                              |
| Juvenile Service        |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
|                         | es: Sliding Fee Scale; Bilingual Services;                                                                                                                                |                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                              |
| Porter, Holly           | Pine Lake Behavioral Health, LLC                                                                                                                                          | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                                                              | (402)434-2730                                                            | (402)434-3970                                |
| Substance Abuse Service | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Non-Residential Services Intervention/Education                    | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Intensive Outpatient Treatment; Juvenile Assessment Servi; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Intensive Outpatient | : - Family; Adult Non-R<br>ces Substance Abuse<br>Non-Residential Servic | esidential Services<br>Evaluations; Juvenile |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                                                             | Agency                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                   | Fax                                                                |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|
| Other Services:                                                  | Sliding Fee Scale;                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                    |
| Porter, Holly                                                    | 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Non-Residential Services Intervention/Education;                                                          | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Fvices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re<br>S Substance Abuse E<br>n-Residential Servic     | sidential Services<br>valuations; Juvenile                         |
| Mental Health Services:                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                    |
| Juvenile Services:                                               |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                    |
| Other Services:                                                  | Sliding Fee Scale;                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                    |
| Posvar, Christina                                                | HopeSpoke                                                                                                                                                                                                          | 2444 O Street Lincoln NB 68510                                                                                                                                                                                                                                                                                                                           | (402)475-7666                                                           |                                                                    |
| Mental Health Services:<br>Juvenile Services:<br>Other Services: | Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C<br>Outpatient Therapy - Individual-Mental Health; Outpatient | nt - Family; Adult Non-Residential Services Outpatient - Individual; Alervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment  Utpatient Therapy including Family Sessions-Mental Health; Outpatient Treatment; Assessment: Pre-Treatment Assessment (Medicaid                  | vices Intervention/Ed<br>desidential Services (<br>nt Therapy - Youth V | lucation; Juvenile<br>Dutpatient - Individua<br>Vho Sexually Harm; |
| Posvar, Christina                                                | HopeSpoke                                                                                                                                                                                                          | 2444 O Street Lincoln NB 68510                                                                                                                                                                                                                                                                                                                           | (402)475-7666                                                           |                                                                    |
|                                                                  | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>evenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-<br>O-Occurring Treatment                                   | dult Non-Residential<br>vices Intervention/Ed                           | Services Outpatient ucation; Juvenile                              |
| Mental Health Services:                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          | . <del></del>                                                           |                                                                    |
|                                                                  |                                                                                                                                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>Harm Treatment; Assessment: Pre-Treatment Assessment (Medicaid                                                                                                                                                                                                                    |                                                                         |                                                                    |
| Prater, Jackie                                                   | HopeSpoke                                                                                                                                                                                                          | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                               | (402)475-7666                                                           | (402)476-9623                                                      |
| Substance Abuse Services:                                        |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                    |
| Mental Health Services:                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                    |
| Juvenile Services:                                               | Outpatient Therapy - Individual-Mental Health; Ou<br>Assessment: Pre-Treatment Assessment (Medica                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Day Trea<br>aid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                        | atment Day Treatmer                                                     | nt-Mental Health;                                                  |
| 011                                                              | Citi = C C C C C C C C C C C C C C C C C C                                                                                                                                                                         | ,                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                    |

| Name                                                 | Agency                                                                                                                                                      | Address                                                                                                                                                                                                                                                       | Phone                  | Fax                |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| Prater, Jackie                                       | HopeSpoke                                                                                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                    | (402)475-7666          | (402)476-9623      |
| Substance Abuse Services:<br>Mental Health Services: |                                                                                                                                                             |                                                                                                                                                                                                                                                               |                        |                    |
|                                                      | Outpatient Therapy - Individual-Mental Health; O<br>Assessment: Pre-Treatment Assessment (Medic<br>Sliding Fee Scale; Hearing Impaired; Bilingual S         | ,,                                                                                                                                                                                                                                                            | reatment Day Treatme   | nt-Mental Health;  |
| Prescott, Sara                                       | Whitehall                                                                                                                                                   | 5845 Huntington Avenue Lincoln NB 68507                                                                                                                                                                                                                       | (402)471-6969          |                    |
| Substance Abuse Services:                            | Juvenile Residential Services Therapeutic Comm<br>Treatment Center; Juvenile Residential Services                                                           | nunity or Therapeutic Group Home; Juvenile Residential Services<br>Short Term Residential                                                                                                                                                                     | Extended Residential o | r SA Residential   |
| Mental Health Services:<br>Juvenile Services:        |                                                                                                                                                             | ent: Anger Management Class; Non-Treatment: General Education                                                                                                                                                                                                 | Class; Non-Treatment:  | Employment         |
| Other Services:                                      | Placement Program Sliding Fee Scale; Hearing Impaired; Bilingual Scale;                                                                                     | ervices;                                                                                                                                                                                                                                                      |                        |                    |
| Prescott, Sara                                       | Whitehall                                                                                                                                                   | 5845 Huntington Avenue Lincoln NB 68507                                                                                                                                                                                                                       | (402)471-6969          |                    |
|                                                      | Juvenile Residential Services Therapeutic Comm<br>Treatment Center; Juvenile Residential Services                                                           | nunity or Therapeutic Group Home; Juvenile Residential Services<br>Short Term Residential                                                                                                                                                                     | Extended Residential o | r SA Residential   |
| Mental Health Services:                              |                                                                                                                                                             |                                                                                                                                                                                                                                                               |                        |                    |
|                                                      | Placement Program                                                                                                                                           | ent: Anger Management Class; Non-Treatment: General Education                                                                                                                                                                                                 | Class; Non-Treatment:  | Employment         |
| Other Services:                                      | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                            | ervices;                                                                                                                                                                                                                                                      |                        |                    |
| Prince, Reginald                                     | Serenity Matters                                                                                                                                            | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 681                                                                                                                                                                                                             | 11 (402)830-3890       | (402)212-0282      |
|                                                      | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>rvices Intervention/Education; Juvenile Non-Residential Services of<br>dential Services Outpatient - Individual | l; Juvenile Assessment | Services Substance |
|                                                      | Outpatient Therapy; Co-Occurring                                                                                                                            |                                                                                                                                                                                                                                                               |                        |                    |
|                                                      | Non-Treatment: Anger Management Class                                                                                                                       |                                                                                                                                                                                                                                                               |                        |                    |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                          |                                                                                                                                                                                                                                                               |                        |                    |
| Prince, Reginald                                     | Serenity Matters                                                                                                                                            | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 681                                                                                                                                                                                                             | 11 (402)830-3890       | (402)212-0282      |
|                                                      | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>rvices Intervention/Education; Juvenile Non-Residential Services (<br>dential Services Outpatient - Individual  | l; Juvenile Assessment | Services Substance |
|                                                      | Outpatient Therapy; Co-Occurring                                                                                                                            |                                                                                                                                                                                                                                                               |                        |                    |
|                                                      | Non-Treatment: Anger Management Class                                                                                                                       |                                                                                                                                                                                                                                                               |                        |                    |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                          |                                                                                                                                                                                                                                                               |                        |                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                              | Address                                                            | Phone         | Fax |
|---------------------------|-----------------------------------------------------|--------------------------------------------------------------------|---------------|-----|
| Rendon, Dayana            | Pathfinder Support Services                         | 3940 Cornhusker Hwy #100 Lincoln NB 68504                          | (402)466-2230 |     |
| Substance Abuse Services: |                                                     |                                                                    |               |     |
| Mental Health Services:   |                                                     |                                                                    |               |     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Treatment | eatment: Family Partner                                            |               |     |
| Other Services:           | Bilingual Services;                                 |                                                                    |               |     |
| Rendon, Dayana            | Pathfinder Support Services                         | 3940 Cornhusker Hwy #100 Lincoln NB 68504                          | (402)466-2230 |     |
| Substance Abuse Services: |                                                     |                                                                    |               |     |
| Mental Health Services:   |                                                     |                                                                    |               |     |
|                           | Non-Treatment: Family Support Worker; Non-Tre       | eatment: Family Partner                                            |               |     |
| Other Services:           | Bilingual Services;                                 |                                                                    |               |     |
| Rhoden, Heather           | Matt Talbot Kitchen & Outreach                      | 2121 N 27th Street Lincoln NB 68501                                | (402)817-7376 |     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev        | valuations; Adult Non-Residential Services Outpatient - Individual |               |     |
| Mental Health Services:   |                                                     |                                                                    |               |     |
| Juvenile Services:        |                                                     |                                                                    |               |     |
| Other Services:           | Sliding Fee Scale;                                  |                                                                    |               |     |
| Rhoden, Heather           | Matt Talbot Kitchen & Outreach                      | 2121 N 27th Street Lincoln NB 68501                                | (402)817-7376 |     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev        | valuations; Adult Non-Residential Services Outpatient - Individual |               |     |
| Mental Health Services:   |                                                     |                                                                    |               |     |
| Juvenile Services:        |                                                     |                                                                    |               |     |
| Other Services:           | Sliding Fee Scale;                                  |                                                                    |               |     |
| Rivera, Elizabeth         | Jenda Family Services, LLC                          | 815 K Street Lincoln NB 68508                                      | (402)474-0011 |     |
| Substance Abuse Services: |                                                     |                                                                    |               |     |
| Mental Health Services:   |                                                     |                                                                    |               |     |
|                           | Non-Treatment: Family Support Worker                |                                                                    |               |     |
| Other Services:           | Bilingual Services;                                 |                                                                    |               |     |
| Rivera, Elizabeth         | Jenda Family Services, LLC                          | 815 K Street Lincoln NB 68508                                      | (402)474-0011 |     |
| Substance Abuse Services: |                                                     |                                                                    |               |     |
| Mental Health Services:   |                                                     |                                                                    |               |     |

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                | Fax                                                                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Ropte, Kerry              | Pine Lake Behavioral Health, LLC                                                                                                                                                                        | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)434-2730                                                                        | (402)434-3970                                                                  |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adult On-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring | amily; Adult Non-Reprices Intensive Out<br>on; Juvenile Non-Reputpatient - Family; J | sidential Services<br>patient Treatment;<br>sidential Services<br>uvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                |
|                           |                                                                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                |
| Ropte, Kerry              | HopeSpoke                                                                                                                                                                                               | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                                        |                                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential                                                                 | Services Outpatient                                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                |
|                           | Co-Occurring                                                                                                                                                                                            | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nt Therapy - Co-occi                                                                 | 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: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment | amily; Adult Non-Reprices Intensive Out<br>on; Juvenile Non-Reputpatient - Family; J | sidential Services<br>patient Treatment;<br>sidential Services<br>uvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                |
|                           | Outpatient: Intensive Outpatient Therapy-Mental Assessment (Medicaid); Assessment: Mental Sta                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                |
| Ropte, Kerry              | HopeSpoke                                                                                                                                                                                               | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)475-7666                                                                        |                                                                                |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | dult Non-Residential                                                                 | Services Outpatient                                                            |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                                       | Agency                                                                                        | Address                                                                                                                | Phone                                | Fax              |
|--------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|
|                                            | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental He                                 | alth; Outpatient Therapy - Co-occurr | ing; Assessment: |
|                                            | Co-Occurring Sliding Fee Scale;                                                               |                                                                                                                        |                                      | <b>o</b> .       |
| 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 - 0<br>nt - Individual; Adult Non-Residential Services Outpatien |                                      | ces Outpatient - |
| Mental Health Services:                    | Outpatient Therapy; Pre-Treatment Assessment                                                  |                                                                                                                        | t co coodining ricalinoin            |                  |
| Juvenile Services:                         | Outpatient Therapy - Individual-Mental Health; O Co-Occurring                                 | utpatient Therapy including Family Sessions-Mental Hea                                                                 | alth; Outpatient 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 - 0<br>nt - Individual; Adult Non-Residential Services Outpatien |                                      | ces Outpatient - |
| Mental Health Services:                    | Outpatient Therapy; Pre-Treatment Assessment                                                  |                                                                                                                        | 1 - 00 Occurring Freatment           |                  |
|                                            |                                                                                               | utpatient Therapy including Family Sessions-Mental Hea                                                                 | alth; Outpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services:                            | Sliding Fee Scale; Bilingual Services;                                                        |                                                                                                                        |                                      |                  |
| Sanders, Erica                             | HopeSpoke                                                                                     | 2444 O St Lincoln NB 68510                                                                                             | (404)202-7704                        |                  |
| Substance Abuse Services:                  |                                                                                               |                                                                                                                        |                                      |                  |
| Mental Health Services:                    |                                                                                               |                                                                                                                        |                                      |                  |
| Juvenile Services:                         | Outpatient Therapy - Individual-Mental Health; O Mental Health                                | utpatient Therapy including Group Sessions-Mental Hea                                                                  | lth; Outpatient Therapy including Fa | mily Sessions-   |
| Other Services:                            | Sliding Fee Scale;                                                                            |                                                                                                                        |                                      |                  |
| Sanders, Erica                             | HopeSpoke                                                                                     | 2444 O St Lincoln NB 68510                                                                                             | (404)202-7704                        |                  |
| Substance Abuse Services:                  |                                                                                               |                                                                                                                        |                                      |                  |
| Mental Health Services:                    |                                                                                               |                                                                                                                        |                                      |                  |
| Juvenile Services:                         | Outpatient Therapy - Individual-Mental Health; O Mental Health                                | utpatient Therapy including Group Sessions-Mental Hea                                                                  | lth; Outpatient Therapy including Fa | mily Sessions-   |
| Other Services:                            | Sliding Fee Scale;                                                                            |                                                                                                                        |                                      |                  |
|                                            |                                                                                               |                                                                                                                        |                                      |                  |
| Santiago, Caroll                           | Jenda Family Services, LLC                                                                    | 914 L Street Lincoln NB 68508                                                                                          | (402)474-0011                        |                  |
| Santiago, Caroll Substance Abuse Services: | · · · · · · · · · · · · · · · · · · ·                                                         | 914 L Street Lincoln NB 68508                                                                                          | (402)474-0011                        |                  |
|                                            | · · · · · · · · · · · · · · · · · · ·                                                         | 914 L Street Lincoln NB 68508                                                                                          | (402)474-0011                        |                  |

| Name                      | Agency                                                         | Address                                                                                                                                         | Phone                | Fax              |
|---------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|
| Santiago, Caroll          | Jenda Family Services, LLC                                     | 914 L Street Lincoln NB 68508                                                                                                                   | (402)474-0011        |                  |
| Substance Abuse Services: |                                                                |                                                                                                                                                 |                      |                  |
| Mental Health Services:   |                                                                |                                                                                                                                                 |                      |                  |
| Juvenile Services:        | Out-Of-Home: Foster Care (Agency Supported);                   | Non-Treatment: Family Support Worker; Out-Of-Home: Foster Care                                                                                  | Relative/Kinship)    |                  |
| Other Services:           | Bilingual Services;                                            |                                                                                                                                                 |                      |                  |
| Schaaf, Tracy             | Lutheran Family Services of NE Inc                             | 2301 O St Lincoln NB 68510                                                                                                                      | (402)441-7940        | (402)441-8625    |
| Substance Abuse Services: |                                                                | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr |                      |                  |
| Mental Health Services:   | Corvices interiore Calpation Fredition                         |                                                                                                                                                 |                      |                  |
| Juvenile Services:        |                                                                |                                                                                                                                                 |                      |                  |
| Other Services:           | Sliding Fee Scale;                                             |                                                                                                                                                 |                      |                  |
| Schaaf, Tracy             | Lutheran Family Services of NE Inc                             | 2301 O St Lincoln NB 68510                                                                                                                      | (402)441-7940        | (402)441-8625    |
| Substance Abuse Services: |                                                                | valuations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr |                      |                  |
| Mental Health Services:   | ·                                                              |                                                                                                                                                 |                      |                  |
| Juvenile Services:        |                                                                |                                                                                                                                                 |                      |                  |
| Other Services:           | Sliding Fee Scale;                                             |                                                                                                                                                 |                      |                  |
| Schaub, Diedre            |                                                                | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                          | (402)326-9168        | (402)206-0888    |
| Substance Abuse Services: |                                                                |                                                                                                                                                 |                      |                  |
| Mental Health Services:   |                                                                |                                                                                                                                                 |                      |                  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                             | nt Therapy including | Family Sessions- |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                           |                                                                                                                                                 |                      |                  |
| Schaub, Diedre            |                                                                | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                          | (402)326-9168        | (402)206-0888    |
| Substance Abuse Services: |                                                                |                                                                                                                                                 |                      |                  |
| Mental Health Services:   |                                                                |                                                                                                                                                 |                      |                  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                             | nt Therapy including | Family Sessions- |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                           |                                                                                                                                                 |                      |                  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                    | Agency                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                               | Phone                                                                          | Fax                                            |
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| Schlechte, Birgit       | Lutheran Family Services of NE Inc                                                                                                                  | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                            | (402)441-7940                                                                  | (402)441-8491                                  |
| Substance Abuse Service | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Intensive Outpatient Treatment; Juvenile Assessment S<br>n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile<br>Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residentia<br>ervices Substance Abus<br>e Non-Residential Servic | l Services Outpatient<br>e Evaluations; Juveni |
| Mental Health Service   | s: Outpatient Therapy; Pre-Treatment Assessment                                                                                                     | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                |
| Juvenile Service        | s:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Other Service           | s: Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                 | ervices;                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                |
| Schlechte, Birgit       | Lutheran Family Services of NE Inc                                                                                                                  | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                            | (402)441-7940                                                                  | (402)441-8491                                  |
| Substance Abuse Service | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatior<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Intensive Outpatient Treatment; Juvenile Assessment S<br>n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile<br>ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ  | al; Adult Non-Residentia<br>ervices Substance Abus<br>e Non-Residential Servic | l Services Outpatient<br>e Evaluations; Juveni |
| Mental Health Service   | s: Outpatient Therapy; Pre-Treatment Assessment                                                                                                     | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                |
| Juvenile Service        | s:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Other Service           | s: Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                 | ervices;                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                |
| Schleppenbach, Jamie    | HopeSpoke                                                                                                                                           | 2444 O Street Lincoln NB 68510                                                                                                                                                                                                                                                                                                                        | (402)475-7666                                                                  |                                                |
| Substance Abuse Service | s:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Mental Health Service   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
|                         |                                                                                                                                                     | Outpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                            |                                                                                |                                                |
| Other Service           | s: Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Schleppenbach, Jamie    | HopeSpoke                                                                                                                                           | 2444 O Street Lincoln NB 68510                                                                                                                                                                                                                                                                                                                        | (402)475-7666                                                                  |                                                |
| Substance Abuse Service | s:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Mental Health Service   | s:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Juvenile Service        | s: Outpatient Therapy - Individual-Mental Health; C                                                                                                 | Outpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                            |                                                                                |                                                |
| Other Service           | s: Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Schmidt, Scott          | Pine Lake Behavioral Health, LLC                                                                                                                    | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                                                                            | (402)434-2730                                                                  | (402)434-3970                                  |
| Substance Abuse Service | s: Adult Non-Residential Services Outpatient - Indi                                                                                                 | vidual                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                |
| Mental Health Service   | s:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |
| Juvenile Service        | S:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                        | Fax                                                                              |
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| Schmidt, Scott            | Pine Lake Behavioral Health, LLC                                                                                                                                                                        | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)434-2730                                                                                | (402)434-3970                                                                    |
|                           | Adult Non-Residential Services Outpatient - Indiv                                                                                                                                                       | ridual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Juvenile Services:        | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Other dervices.           | Sliding Fee Scale, billingual Services,                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Schottel, Ronicka         | Pine Lake Behavioral Health, LLC                                                                                                                                                                        | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)434-2730                                                                                | (402)434-3970                                                                    |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Sel<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; Adult On-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Other Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment mily; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Re<br>utpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Juvenile Services:        | Olidia a Fac Casla Bilinaval Caminas                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Other Services.           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Schottel, Ronicka         | 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | raluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment; Condensed on the Services Outpatient - Co-Occurring Treatment - Co-Occurring Treat | amily; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Re<br>utpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                  |
| Schutz, Antoni            | Parallels                                                                                                                                                                                               | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)489-9792                                                                                |                                                                                  |
| Mental Health Services:   | Co-Occurring Treatment; Juvenile Assessment S<br>Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment                                                       | raluations; Adult Non-Residential Services Outpatient - Individual; Adustervices Substance Abuse Evaluations; Juvenile Non-Residential Senfreatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluationt Therapy - Co-occurring; Assessment: Pre-Treatment Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vices Outpatient - Indonesical E                                                             | dividual; Juvenile Norvaluation                                                  |
|                           | Psychological Evaluation; Assessment: Co-Occu<br>Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sment (Medicald), A                                                                          | ooooniciit.                                                                      |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                          | Phone                | Fax                |
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| 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<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv<br>reatment                                                         |                      |                    |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation                                                                                                                                            | on; Psychological Ev | aluation           |
|                           | Psychological Evaluation; Assessment: Co-Occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess rring                                                                                                                                         | ment (Medicaid); As  | sessment:          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                      |                    |
| Sedlacek, Beau            | Pine Lake Behavioral Health, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                       | (402)434-2730        | (402)434-3970      |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - F<br>vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Res | sidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                 |                      |                    |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Eating Disord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensivy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid);       | e Outpatient Therapy | /-Mental Health;   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                      |                    |
| Sedlacek, Beau            | Pine Lake Behavioral Health, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                       | (402)434-2730        | (402)434-3970      |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - Fvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se    | amily; Adult Non-Res | sidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                 |                      |                    |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Eating Disord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensivy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid);       | e Outpatient Therapy | /-Mental Health;   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                      |                    |
| Segoviano, Jessica        | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                           | (402)301-6813        |                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                     |                      | •                  |
| Mental Health Services:   | oupation from the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the |                                                                                                                                                                                                                  |                      |                    |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                      |                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                      |                    |

| Name                      | Agency                                           | Address                                                                                                                          | Phone         | Fax                   |
|---------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|
| Segoviano, Jessica        | Infinite Avenues Counseling                      | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                           | (402)301-6813 |                       |
| Substance Abuse Services: |                                                  | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv | •             | •                     |
| Mental Health Services:   | Outputerit Freditions                            |                                                                                                                                  |               |                       |
| Juvenile Services:        |                                                  |                                                                                                                                  |               |                       |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                  |               |                       |
| Sheldon, Lana             | St Monica's                                      | 120 Wedgewood Dr. Lincoln NB 68510-2431                                                                                          | (402)441-3768 | (402)441-3770         |
| Substance Abuse Services: |                                                  | cation; Adult Non-Residential Services Care Monitoring SA/MI<br>ntial (MH/SA); Adult Residential Services Short Term Resident    |               | rvices Outpatient -   |
| Mental Health Services:   |                                                  | (, ,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                    |               |                       |
| Juvenile Services:        |                                                  |                                                                                                                                  |               |                       |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                  |               |                       |
| Sheldon, Lana             | St Monica's                                      | 120 Wedgewood Dr. Lincoln NB 68510-2431                                                                                          | (402)441-3768 | (402)441-3770         |
| Substance Abuse Services: |                                                  | cation; Adult Non-Residential Services Care Monitoring SA/MI<br>ntial (MH/SA); Adult Residential Services Short Term Resident    |               | rvices Outpatient -   |
| Mental Health Services:   | Groups, Adult Nesidential Services Dual Nesider  | mai (Million), Addit Nesiderilai del Vices dilott Terri Nesideril                                                                | liai          |                       |
| Juvenile Services:        |                                                  |                                                                                                                                  |               |                       |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                  |               |                       |
| Somers, Jennifer          | St Monica's                                      | 120 Wedgewood Dr. Lincoln NB 68510-2431                                                                                          | (402)441-3768 |                       |
| Substance Abuse Services: |                                                  | ups; Adult Non-Residential Services Outpatient - Individual; Aditic Community; Adult Residential Services Short Term Resider     |               | s Intensive Outpatier |
| Mental Health Services:   | Troditions, Addit Residential Services Therapean | to community, made recordental controls choic form recorden                                                                      | THOI          |                       |
| Juvenile Services:        |                                                  |                                                                                                                                  |               |                       |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                  |               |                       |
| Somers, Jennifer          | St Monica's                                      | 120 Wedgewood Dr. Lincoln NB 68510-2431                                                                                          | (402)441-3768 |                       |
| Substance Abuse Services: |                                                  | ups; Adult Non-Residential Services Outpatient - Individual; Aditic Community; Adult Residential Services Short Term Resider     |               | s Intensive Outpatier |
| Mental Health Services:   |                                                  | y,                                                                                                                               |               |                       |
|                           |                                                  |                                                                                                                                  |               |                       |
| Juvenile Services:        |                                                  |                                                                                                                                  |               |                       |

| Name                                          | Agency                                                                                                | Address                                                     | Phone                         | Fax                   |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------|-----------------------|
| Stennis, Gladys                               | Infinite Avenues Counseling                                                                           | 7117 Farnam St Suite 17 Omaha NB 68132                      | (402)905-6296                 |                       |
|                                               | Adult Assessment Services Substance Abuse Ev<br>Outpatient Therapy; Pre-Treatment Assessment          |                                                             |                               |                       |
|                                               | 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:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                          | (bio-psychosocial); Co-Occurring                            |                               |                       |
| Other Services:                               | Sliding Fee Scale;                                                                                    |                                                             |                               |                       |
| Suess, Phillip                                | Whitehall                                                                                             | 5845 Huntington Avenue Lincoln NB 68507                     | (402)471-2073                 |                       |
| Substance Abuse Services:                     |                                                                                                       |                                                             |                               |                       |
| Mental Health Services:                       |                                                                                                       |                                                             |                               |                       |
| Juvenile Services:                            | Psychiatric Residential Treatment Facility; Asses                                                     | sment: Psychological Evaluation                             |                               |                       |
| Other Services:                               | Bilingual Services;                                                                                   |                                                             |                               |                       |
| Suess, Phillip                                | Whitehall                                                                                             | 5845 Huntington Avenue Lincoln NB 68507                     | (402)471-2073                 |                       |
| Substance Abuse Services:                     |                                                                                                       |                                                             |                               |                       |
| Mental Health Services:                       |                                                                                                       |                                                             |                               |                       |
|                                               | Psychiatric Residential Treatment Facility; Asses                                                     | sment: Psychological Evaluation                             |                               |                       |
| Other Services:                               | Bilingual Services;                                                                                   |                                                             |                               |                       |
| Swan, David                                   | Houses of Hope                                                                                        | 1124 N Cotner Blvd Lincoln NB 68505                         | (402)435-3165                 | (402)435-0430         |
| Substance Abuse Services:                     | Adult Non-Residential Services Intervention/Educ<br>Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; | Adult Non-Residential Service | es Outpatient - Famil |
| Mental Health Services:                       | Adult Non-Residential Services Outpatient - Indiv                                                     | ndual, Adult Residential Services Hallway-House             |                               |                       |
| Juvenile Services:                            |                                                                                                       |                                                             |                               |                       |
|                                               | Sliding Fee Scale;                                                                                    |                                                             |                               |                       |
| Swan, David                                   | Houses of Hope                                                                                        | 1124 N Cotner Blvd Lincoln NB 68505                         | (402)435-3165                 | (402)435-0430         |
| Substance Abuse Services:                     |                                                                                                       | cation; Adult Non-Residential Services Outpatient - Groups; | Adult Non-Residential Service | es Outpatient - Famil |
| Mental Health Services:                       | Adult Non-Residential Services Outpatient - Indiv                                                     | viduai; Adult Kesidentiai Services Haitway-House            |                               |                       |
| Juvenile Services:                            |                                                                                                       |                                                             |                               |                       |
|                                               | Sliding Fee Scale;                                                                                    |                                                             |                               |                       |
|                                               |                                                                                                       |                                                             |                               |                       |

| Name                      | Agency                                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                  | Fax                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Thomas, Christina         | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                      | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)441-7940                                                                                                                          |                                                                               |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residenti                                                                    | valuations; Adult Non-Residential Services Intervention/Edes Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Rese Evaluations; Juvenile Non-Residential Services Intervential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Condens Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient | utpatient - Family; Adult Non-Resesidential Services Intensive Outpion/Education; Juvenile Non-Res<br>Services Outpatient - Family; Ju | sidential Services<br>patient Treatment;<br>sidential Services<br>venile Non- |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                               |
| Thomas, Christina         | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                      | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)441-7940                                                                                                                          |                                                                               |
|                           | 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 Services Outpatient - Individual; Juvenile Notation outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Edes Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervent al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Occurring utpatient - Family; Adult Non-Resesidential Services Intensive Outpion/Education; Juvenile Non-Res<br>Services Outpatient - Family; Ju | sidential Services<br>patient Treatment;<br>sidential Services<br>venile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                               |
| Thompson, Jessie          | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                      | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)441-7940                                                                                                                          | (402)441-8491                                                                 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residenti                                                                    | valuations; Adult Non-Residential Services Intervention/Edes Outpatient - Groups; Adult Non-Residential Services Ostrvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring on the Non-Residential Services Outpatient - Co-Occurring Occurring Occ | utpatient - Family; Adult Non-Resesidential Services Intensive Outpion/Education; Juvenile Non-Res<br>Services Outpatient - Family; Ju | sidential Services<br>patient Treatment;<br>sidential Services<br>venile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                               |
| Thompson, Jessie          | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                      | 2301 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)441-7940                                                                                                                          | (402)441-8491                                                                 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residenti                                                                    | valuations; Adult Non-Residential Services Intervention/Edes Outpatient - Groups; Adult Non-Residential Services O ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring of the Non-Residential Services Outpatient - Co-Occurring Occurring Occ | utpatient - Family; Adult Non-Resesidential Services Intensive Outpion/Education; Juvenile Non-Res<br>Services Outpatient - Family; Ju | sidential Services<br>patient Treatment;<br>sidential Services<br>venile Non- |

| Name                                       | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone                                                                                        | Fax                                                                                  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                      |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Threats, Deb                               | Associates in Counseling & Treatment                                                                                                                                                                       | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                       | (402)261-6667                                                                                | (402)261-6526                                                                        |
| Substance Abuse Services:                  |                                                                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                     | dult Non-Residential                                                                         | Services Outpatient -                                                                |
| Mental Health Services:                    | Groups, Addit Non Residential Services Sulpatio                                                                                                                                                            | Training, Addit North Residential Cervices Suspation. Individual                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                      |
| Juvenile Services:                         |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Threats, Deb                               | Associates in Counseling & Treatment                                                                                                                                                                       | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                       | (402)261-6667                                                                                | (402)261-6526                                                                        |
| Substance Abuse Services:                  |                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                      | dult Non-Residential                                                                         | Services Outpatient -                                                                |
| Mental Health Services:                    | Groups, Addit Non Residential Services Sulpatio                                                                                                                                                            | Training, Addit Not Residential Services Sulpation: Individual                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                      |
| Juvenile Services:                         |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Torres, Rosa                               | HopeSpoke                                                                                                                                                                                                  | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                       | (402)475-7666                                                                                |                                                                                      |
| Substance Abuse Services:                  |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Mental Health Services:                    |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Juvenile Services:                         | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                      |
| Other Services:                            | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Torres, Rosa                               | HopeSpoke                                                                                                                                                                                                  | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                       | (402)475-7666                                                                                |                                                                                      |
| Substance Abuse Services:                  |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Mental Health Services:                    |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Juvenile Services:                         | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                      |
| Other Services:                            | Sliding Fee Scale; 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Extended Residential; Adult<br>Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services t Residential Services Short Term Residential; Juvenile Assessment Education; Juvenile Non-Residential Services Outpatient - Groups; Joatient - Individual; Juvenile Non-Residential Services Outpatient - Cotent | Adult Non-Residentia<br>Dual Residential (MH<br>t Services Substance<br>uvenile Non-Resident | I Services Outpatient<br>I/SA); Adult<br>Abuse Evaluations;<br>ial Services Outpatie |
| Mental Health Services:                    | Outpatient Therapy; Co-Occurring                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Juvenile Services:                         | -                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                      |

| Name                      | Agency                                                                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                     | Fax                                                                                 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Tostenson, Dawn           | Stephen Center                                                                                                                                                                                                                                                                                                     | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5440                                                                             |                                                                                     |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Extended Residential; Adult<br>Juvenile Non-Residential Services Intervention/E<br>- Family; Juvenile Non-Residential Services Outp<br>Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Astroices Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Juatient - Individual; Juvenile Non-Residential Services Outpatient - Coent | dult Non-Residential<br>Dual Residential (MH<br>Services Substance<br>venile Non-Resident | Services Outpatient<br>I/SA); Adult<br>Abuse Evaluations;<br>ial Services Outpatier |
|                           | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Townsend, Robin           | HopeSpoke                                                                                                                                                                                                                                                                                                          | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                                             | (402)476-9623                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Assessment: Pre-Treatment Asse                                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Intensive                                                                                                                                                                                                                                                                                                                                                           | e Outpatient: Intensiv                                                                    | e Outpatient Therapy                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                 | SSITIETE (Medicald)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                     |
| Townsend, Robin           | HopeSpoke                                                                                                                                                                                                                                                                                                          | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                                             | (402)476-9623                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Assessment: Pre-Treatment Asse                                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Intensivents (Medicaid)                                                                                                                                                                                                                                                                                                                                             | e Outpatient: Intensiv                                                                    | e Outpatient Therapy                                                                |
| 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: |                                                                                                                                                                                                                                                                                                                    | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient T                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                     |
| 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                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie Extended Residential                                                                                                                                                                                                                                               | aluations; Adult Non-Residential Services Intervention/Education; Acnt - Individual; Adult Non-Residential Services Intensive Outpatient T                                                                                                                                                                                                                                                                                     |                                                                                           | •                                                                                   |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                     |

| Name                                                                                                          | Agency                                                                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                  | Phone                                                                                                                            | Fax                                                    |
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| Trotter, Helen                                                                                                | Pine Lake Behavioral Health, LLC                                                                                                                                                                                                                                                                                                  | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                                                                                               | (402)434-2730                                                                                                                    | (402)434-3970                                          |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:                                    | Medication Evaluation                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
| 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:<br>Mental Health Services:<br>Juvenile Services:                                    | Medication Evaluation                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
| Other Services:                                                                                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
| Vandenberg, Laura                                                                                             | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                     | 3901 Normal Blvd. Suite 201 Lincoln NB 68506                                                                                                                                                                                                                                                             | (402)643-3343                                                                                                                    | (402)643-4048                                          |
| Mental Health Services:  Juvenile Services:                                                                   | Groups; Adult Non-Residential Services Outpa<br>Abuse Evaluations; Juvenile Non-Residential S<br>Services Outpatient - Family; Juvenile Non-Res                                                                                                                                                                                   | Evaluations; Adult Non-Residential Services Intervention/Educat<br>tient - Family; Adult Non-Residential Services Outpatient - Individual<br>Services Intervention/Education; Juvenile Non-Residential Services<br>is sidential Services Outpatient - Individual                                         | dual; Juvenile Assessment                                                                                                        | Services Substance                                     |
| Other Services:                                                                                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
| Vandenberg, Laura                                                                                             | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                     | 3901 Normal Blvd. Suite 201 Lincoln NB 68506                                                                                                                                                                                                                                                             | (402)643-3343                                                                                                                    | (402)643-4048                                          |
| Substance Abuse Services:                                                                                     | Groups; Adult Non-Residential Services Outpa                                                                                                                                                                                                                                                                                      | Evaluations; Adult Non-Residential Services Intervention/Educat titent - Family; Adult Non-Residential Services Outpatient - Individual Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual                                                                       | dual; Juvenile Assessment                                                                                                        | Services Substance                                     |
| Mental Health Services:                                                                                       |                                                                                                                                                                                                                                                                                                                                   | Sideritial Gervices Odipatient - mulvidual                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                        |
|                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
| Juvenile Services:                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
|                                                                                                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                        |
| Other Services:                                                                                               |                                                                                                                                                                                                                                                                                                                                   | 1212 Ivy Ave Suite 2 Crete NB 68333                                                                                                                                                                                                                                                                      | (402)826-2000                                                                                                                    | (402)826-2655                                          |
| Other Services:                                                                                               | Sliding Fee Scale;  Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpat Services Substance Abuse Evaluations; Juven                                                                                                                                            | 1212 Ivy Ave Suite 2 Crete NB 68333  Evaluations; Adult Non-Residential Services Intervention/Educat tient - Individual; Adult Non-Residential Services Outpatient - Co-ile Non-Residential Services Intervention/Education; Juvenile No-Individual; Juvenile Non-Residential Services Outpatient - Co-O | ion; Adult Non-Residential<br>Occurring Treatment; Juve<br>on-Residential Services Out                                           | Services Outpatient -                                  |
| Other Services: VanLaningham, Amanda Substance Abuse Services:                                                | Sliding Fee Scale;  Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpat Services Substance Abuse Evaluations; Juven                                                                                                                                            | Evaluations; Adult Non-Residential Services Intervention/Educat tient - Individual; Adult Non-Residential Services Outpatient - Co-ile Non-Residential Services Intervention/Education; Juvenile Nor-Individual; Juvenile Non-Residential Services Outpatient - Co-O                                     | ion; Adult Non-Residential<br>Occurring Treatment; Juve<br>on-Residential Services Out                                           | Services Outpatient -                                  |
| Other Services:  VanLaningham, Amanda  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Sliding Fee Scale;  Blue Valley Behavioral Health  Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpat Services Substance Abuse Evaluations; Juven Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; | Evaluations; Adult Non-Residential Services Intervention/Educat tient - Individual; Adult Non-Residential Services Outpatient - Co-ile Non-Residential Services Intervention/Education; Juvenile Nor-Individual; Juvenile Non-Residential Services Outpatient - Co-O                                     | ion; Adult Non-Residential Occurring Treatment; Juve on-Residential Services Out occurring Treatment utpatient Therapy including | Services Outpatient nile Assessment tpatient - Family; |

| Name                                                                                                                                | Agency                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                | Phone                                                   | Fax                                   |
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| VanLaningham, Amanda                                                                                                                | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                    | 1212 Ivy Ave Suite 2 Crete NB 68333                                                                                                                                                                                                                                                    | (402)826-2000                                           | (402)826-2655                         |
| Substance Abuse Services:                                                                                                           | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                                                                                                                                                                               | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ring Treatment; Juve<br>idential Services Out           | nile Assessment                       |
| Mental Health Services:                                                                                                             | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                       |                                                         |                                       |
|                                                                                                                                     | Mental Health; Outpatient Therapy - Eating Disor<br>Mental Status Exam (MSE)                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment                                                                                                                                                | nt Therapy including<br>: Assessment (Medica            | Family Sessions-<br>aid); Assessment: |
| 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<br>Outpatient - Individual                                                                                                                                                                                                                       | raluations; Adult Non-Residential Services Intervention/Education; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient -                                                                                                                                               |                                                         |                                       |
|                                                                                                                                     | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        |                                                         |                                       |
| Juvenile Services:                                                                                                                  | 0""                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                        |                                                         |                                       |
| 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; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient -                                                                                                                                                |                                                         |                                       |
| Mental Health Services:<br>Juvenile Services:                                                                                       | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                 | es Outpatient - Oloups, Audit Nor-Nesidential Gervices Outpatient - I                                                                                                                                                                                                                  | Family; Adult Non-Re                                    | esidential Services                   |
| Juvenile Services:                                                                                                                  | Outpatient - Individual                                                                                                                                                                                                                                                                          | es Outpatient - Oloups, Audit Nor-Nesidential Gervices Outpatient - I                                                                                                                                                                                                                  | Family; Adult Non-Re                                    | esidential Services                   |
| Juvenile Services:                                                                                                                  | Outpatient - Individual Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                         | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                             | Family; Adult Non-Re                                    | esidential Services (402)475-3300     |
| Juvenile Services:<br>Other Services:<br>Vrbka, Anne                                                                                | Outpatient - Individual Outpatient Therapy; Co-Occurring Sliding Fee Scale; Bilingual Services; CenterPointe                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                        | (402)475-5161                                           | (402)475-3300                         |
| Juvenile Services: Other Services: Vrbka, Anne Substance Abuse Services: Mental Health Services: Juvenile Services:                 | Outpatient - Individual Outpatient Therapy; Co-Occurring Sliding Fee Scale; Bilingual Services; CenterPointe Adult Non-Residential Services Outpatient - Grou                                                                                                                                    | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                             | (402)475-5161                                           | (402)475-3300                         |
| Juvenile Services: Other Services: Vrbka, Anne Substance Abuse Services: Mental Health Services: Juvenile Services:                 | Outpatient - Individual Outpatient Therapy; Co-Occurring  Sliding Fee Scale; Bilingual Services;  CenterPointe  Adult Non-Residential Services Outpatient - Ground Occurring Treatment                                                                                                           | 1000 S 13 Lincoln NB 68508                                                                                                                                                                                                                                                             | (402)475-5161                                           | (402)475-3300                         |
| Juvenile Services: Other Services: Vrbka, Anne Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient - Individual Outpatient Therapy; Co-Occurring  Sliding Fee Scale; Bilingual Services;  CenterPointe  Adult Non-Residential Services Outpatient - Ground Cocurring Treatment  Sliding Fee Scale;  CenterPointe  Adult Non-Residential Services Outpatient - Ground Cocurring Treatment | 1000 S 13 Lincoln NB 68508  ups; Adult Non-Residential Services Outpatient - Individual; Adult Nor                                                                                                                                                                                     | (402)475-5161<br>n-Residential Service<br>(402)475-5161 | (402)475-3300<br>s Outpatient - Co-   |
| Juvenile Services: Other Services: Vrbka, Anne Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient - Individual Outpatient Therapy; Co-Occurring  Sliding Fee Scale; Bilingual Services;  CenterPointe  Adult Non-Residential Services Outpatient - Ground Cocurring Treatment  Sliding Fee Scale;  CenterPointe                                                                         | 1000 S 13 Lincoln NB 68508  ups; Adult Non-Residential Services Outpatient - Individual; Adult Non  1000 S 13 Lincoln NB 68508                                                                                                                                                         | (402)475-5161<br>n-Residential Service<br>(402)475-5161 | (402)475-3300<br>s Outpatient - Co-   |

| Name                      | Agency                                                                                           | Address                                                                                  | Phone                        | Fax                 |
|---------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------|---------------------|
| Walker, Jeffery           | All Communities Outreach Services                                                                | 112 E Mission Ave Bellevue NB 68005                                                      | (402)257-1122                |                     |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential |                                                                                          |                              |                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                     |                                                                                          | Talvantina Olana Nan Tanat   | manti Famili Danta  |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                    | eatment: Anger Management Class; Non-Treatment: General E                                | education Class; Non-Treati  | ment: Family Partne |
| Other Services:           | Bilingual Services;                                                                              |                                                                                          |                              |                     |
| Walker, Jeffery           | All Communities Outreach Services                                                                | 112 E Mission Ave Bellevue NB 68005                                                      | (402)257-1122                |                     |
|                           |                                                                                                  |                                                                                          |                              |                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                    | eatment: Anger Management Class; Non-Treatment: General E                                | Education Class; Non-Treati  | ment: Family Partne |
| Other Services:           | Bilingual Services;                                                                              |                                                                                          |                              |                     |
| Weaver, Nicole            | HopeSpoke                                                                                        | 2444 O St Lincoln NB 68510                                                               | (402)475-7666                |                     |
| Substance Abuse Services: |                                                                                                  |                                                                                          |                              |                     |
| Mental Health Services:   |                                                                                                  |                                                                                          |                              |                     |
|                           |                                                                                                  | outpatient Therapy including Family Sessions-Mental Health                               |                              |                     |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                          |                              |                     |
| Weaver, Nicole            | HopeSpoke                                                                                        | 2444 O St Lincoln NB 68510                                                               | (402)475-7666                |                     |
| Substance Abuse Services: |                                                                                                  |                                                                                          |                              |                     |
| Mental Health Services:   |                                                                                                  |                                                                                          |                              |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                 | outpatient Therapy including Family Sessions-Mental Health                               |                              |                     |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                          |                              |                     |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                   | 4545 S 86th St Lincoln NB 68520                                                          | (402)759-3802                | (402)759-3803       |
| Substance Abuse Services: |                                                                                                  |                                                                                          |                              |                     |
| Mental Health Services:   |                                                                                                  |                                                                                          |                              |                     |
|                           | Assessment: Mental Status Exam (MSE); Assess                                                     | ssessment: Pre-Treatment Assessment (Medicaid); Assessme<br>sment: Medication Management | nt: Outpatient Psychiatric E | valuation;          |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                          |                              |                     |

| Name                      | Agency                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                      | Fax                                   |
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| Weber, Kristi             | Nebraska Mental Health Centers                                                                                                                                                                     | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)759-3802                              | (402)759-3803                         |
| Substance Abuse Services: |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
| Mental Health Services:   |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
|                           | Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                       | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Outp<br>sment: Medication Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | patient Psychiatric E                      | valuation;                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
| Wertz, Jill               |                                                                                                                                                                                                    | 3701 Union Drive Suite 100 Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)875-9270                              |                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - F | dult Non-Residential rices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services:   |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
| Juvenile Services:        |                                                                                                                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Foster Care Relative/Kinship)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                       |
| Other Services:           | Sliding Fee Scale; No Voucher Acceptance;                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
| Wertz, Jill               |                                                                                                                                                                                                    | 3701 Union Drive Suite 100 Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)875-9270                              |                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Famil | dult Non-Residential rices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services:   | Juvernie Non-Residential Services Odipatient - C                                                                                                                                                   | o-occurring meaninem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                       |
| Juvenile Services:        |                                                                                                                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment:<br>Foster Care Relative/Kinship)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                       |
| Other Services:           | Sliding Fee Scale; No Voucher Acceptance;                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                               | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)383-1622                              |                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dult Non-Residential rices Intervention/Ed | Services Outpatient ucation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t Therapy including                        | Family Sessions-                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |

| 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; Adult Non-Residential Services Dutpatient - Groups; Juvenile Non-Residential Services Intervention Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy includential Group Sessions-Mental Health; Outpatient Therapy includential Health; Outpatient Therapy includential Group Sessions-Mental Health; Outpatient Therapy includential Services: Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services: Outpatient Therapy including Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Other Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Other Services: Outpatient Th |                                                                               | Agency                                                                                                                                      | Address                                                                                                                                                                                                                                 | Phone                                               | Fax                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|
| Groups: Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Go-Occurring Treatment Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Go-Occurring Treatment Survices Outpatient - Go-Occurring Group Sessions-Mental Health; Outpatient Therapy - Co-occurring: Assessment: Go-Occurring Group Sessions-Mental Health; Outpatient Therapy - Co-occurring: Assessment: Go-Occurring Group Sessions-Mental Health; Outpatient Therapy - Co-occurring: Assessment: Go-Occurring Group Sessions-Mental Health; Outpatient Therapy - Co-occurring: Adult Non-Residential Services Outpatient - Individual Survices Outpatient - Individual Su | Horizon Reco                                                                  | overy & Counseling Center                                                                                                                   | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                              | (308)383-1622                                       |                                        |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Services Sliding Fee Scale;  Worley, Sarah  Daring Minds Therapy, LLC  2001 Pine Lake Rd, Suite 200 Lincoln NB 68512  (531)289-10  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Services outpatient - Individual-Mental Health; Outpatient Therapy individual-Mental Health; Outpatient Therapy individual-Mental Health; Outpatient Therapy individual-Mental Health; Outpatient Therapy individual-Mental Health; Outpatient Therapy individual-Mental Health; Outpatient Therapy individual-Mental Health; Outpatient Therapy individual-Mental Services Outpatient - Individual Services Outpatient Therapy individual-Mental Services Outpatient - Individual Services Intensive Outpatient Treatment, Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Mental Health; Outpatient Therapy individual-Mental Health; Outpatient T | Groups; Adult<br>Co-Occurring <sup>-</sup><br>Non-Residenti<br>Juvenile Non-F | Non-Residential Services Outpat<br>Treatment; Juvenile Assessment<br>ial Services Outpatient - Groups;<br>Residential Services Outpatient - | tient - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Substance Abuse Evaluations; Juvenile Non-Residential<br>Juvenile Non-Residential Services Outpatient - Family; Juvenile No<br>Co-Occurring Treatment | al; Adult Non-Residentia<br>Services Intervention/E | Services Outpatient ducation; Juvenile |
| Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring Worley, Sarah  Daring Minds Therapy, LLC  2001 Pine Lake Rd, Suite 200 Lincoln NB 68512  (531)289-10  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment, Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Intensive Outpatient Treatment, Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient Preapy in Per-Treatment Assessment (Individual Services Outpatient - Individual Services Outpatient Preapy including Family Sessions-Mental Health; Outpatient Therapy Individual Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Services:  Adult Assessment Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Services:  Outpatient Therapy; Pre-Treatment Assessment (Individual; Adult Non-Residential Services Intensive Outpatient Therapy; Pre-Treatment Assessment (Individual; Adult Non-Residential Services Intensive Outpatient Therapy; Pre-Treatment Assessment (Individual; Adult Non-Residential Services Intensive Outpatient Therapy; Pre-Treatment Assessment (Individual; Adult Non-Residential Services Outpatient Individual Outpatient Therapy; Pre-Treatment Assessment (Individual; Adult Non-Residential Services Outpatient Individual Outpatient Therapy; Pre-Treatment Assessment (Individual; Adult No | '                                                                             | 1 7 /                                                                                                                                       | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                                                                                                                                                                                 |                                                     |                                        |
| Worley, Sarah  Daring Minds Therapy, LLC  2001 Pine Lake Rd, Suite 200 Lincoln NB 68512  (531)289-10  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services:  Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services:  Outpatient Therapy: Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services:  Sliding Fee Scale;  Worley, Sarah  Daring Minds Therapy, LLC  2001 Pine Lake Rd, Suite 200 Lincoln NB 68512  (531)289-10  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups: Adult Non-Residential Services Outpatient - Individual, Adult Non-Residential Services Outpatient Treatment, Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient Treatment, Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Treatment, Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Treatment Sessesment (Bio-psychosocial); Co-Occurring  Juvenile Services:  Outpatient Therapy: Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment: Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services:  Mental Health Services:  Mental Health Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid)  Other Services:  Mental Health Services:  Mental  |                                                                               |                                                                                                                                             |                                                                                                                                                                                                                                         | atient Therapy including                            | Family Sessions-                       |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Services Services Substance Abuse Services: Sliding Fee Scale;  Worley, Sarah Daring Minds Therapy, LLC 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 (531)289-10  Substance Abuse Services: Adult Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Individual Services Individual Services Outpatient - Individual Services Individual Services Outpatient - Individual Services Outpatient Services Individual Services Outpatient Services Outpatient Services Outpatient - Individual Services Outpatient Services Individual Services Outpatient Services Outpatient Services Outpatient Services Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Cert Preferatement Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Other Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  J | Services: Sliding Fee Sc                                                      | cale;                                                                                                                                       |                                                                                                                                                                                                                                         |                                                     |                                        |
| Family; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenia Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Corpre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Worley, Sarah Daring Minds Therapy, LLC 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 (531)289-10  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenian Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Outpatient Therapy: Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Corpre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid) Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services: Mental Health Services: Mental Health Services:                                                                                                                                                                                                           | Daring Minds                                                                  | s Therapy, LLC                                                                                                                              | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512                                                                                                                                                                                           | (531)289-1005                                       | (531)289-1002                          |
| Other Services: Sliding Fee Scale;  Worley, Sarah Daring Minds Therapy, LLC 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 (531)289-10  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment As | Family; Adult N<br>Substance Abo                                              | Non-Residential Services Outpatiuse Evaluations; Juvenile Non-Re                                                                            | ent - Individual; Adult Non-Residential Services Intensive Outpatier<br>esidential Services Outpatient - Individual                                                                                                                     |                                                     | •                                      |
| Other Services: Sliding Fee Scale;  Worley, Sarah Daring Minds Therapy, LLC 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 (531)289-10  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment Co-Occurring Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                                                             |                                                                                                                                                                                                                                         | atient Therapy - Co-occ                             | urring; Assessment:                    |
| Worley, Sarah  Daring Minds Therapy, LLC  2001 Pine Lake Rd, Suite 200 Lincoln NB 68512  (531)289-10  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services:  Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid)  Other Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid)  Other Services:  Sliding Fee Scale;  Wysocki, William  Pine Lake Behavioral Health, LLC  9100 Andermatt Dr Suite 1 Lincoln NB 68526  (402)434-27  Substance Abuse Services:  Mental Health Services:  Mental Health Services:  Mental Health Services:  Mental Health Services:  Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                                             | sment: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                               |                                                     |                                        |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-Pre-Treatment Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment Medicaid)  Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services: Mental Health Services: Mental Health Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Services. Silding Fee Sc                                                      | ale,                                                                                                                                        |                                                                                                                                                                                                                                         |                                                     |                                        |
| Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juven Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services:  Juvenile Services:  Other Services:  Other Services:  Mental Health Services:  Mental Health Services:  Mental Health Services:  Juvenile Services:  Mental Health Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Sliding Fee Scale;  Wysocki, William  Pine Lake Behavioral Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid)  Other Services:  Sliding Fee Scale;  Wysocki, William  Pine Lake Behavioral Health, LLC  9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services:  Mental Health Services:  Mental Health Services:  Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Daring Minds                                                                  | s Therapy, LLC                                                                                                                              | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512                                                                                                                                                                                           | (531)289-1005                                       | (531)289-1002                          |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Corpre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services:  Mental Health Services:  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid) Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Family; Adult N<br>Substance Abu                                              | Non-Residential Services Outpatiuse Evaluations; Juvenile Non-Re                                                                            | ent - Individual; Adult Non-Residential Services Intensive Outpatier esidential Services Outpatient - Individual                                                                                                                        |                                                     | •                                      |
| Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services: Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatm (Medicaid) Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Services: Outpatient The                                                      | erapy - Individual-Mental Health;                                                                                                           | Outpatient Therapy including Family Sessions-Mental Health; Outp                                                                                                                                                                        | atient Therapy - Co-occ                             | urring; Assessment:                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatm (Medicaid)  Other Services:  Sliding Fee Scale;  Wysocki, William  Pine Lake Behavioral Health, LLC  9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services:  Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Services: Sliding Fee Sc                                                      | cale;                                                                                                                                       | , ,,                                                                                                                                                                                                                                    |                                                     |                                        |
| Mental Health Services:  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatm (Medicaid) Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pine Lake Be                                                                  | ehavioral Health, LLC                                                                                                                       | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                              | (402)434-2730                                       | (402)434-3970                          |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Assessment: Pre-Treatment (Medicaid) Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Services:                                                                     |                                                                                                                                             |                                                                                                                                                                                                                                         |                                                     |                                        |
| (Medicaid) Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services: Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Services:                                                                     |                                                                                                                                             |                                                                                                                                                                                                                                         |                                                     |                                        |
| Other Services: Sliding Fee Scale;  Wysocki, William Pine Lake Behavioral Health, LLC 9100 Andermatt Dr Suite 1 Lincoln NB 68526 (402)434-27  Substance Abuse Services:  Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | erapy - Individual-Mental Health;                                                                                                           | Outpatient Therapy including Group Sessions-Mental Health; Asse                                                                                                                                                                         | ssment: Pre-Treatment                               | Assessment                             |
| Substance Abuse Services:  Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | cale;                                                                                                                                       |                                                                                                                                                                                                                                         |                                                     |                                        |
| Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pine Lake Be                                                                  | ehavioral Health, LLC                                                                                                                       | 9100 Andermatt Dr Suite 1 Lincoln NB 68526                                                                                                                                                                                              | (402)434-2730                                       | (402)434-3970                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Services:                                                                     |                                                                                                                                             |                                                                                                                                                                                                                                         |                                                     |                                        |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy including Group Sessions-Mental Health: Assessment: Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Services:                                                                     |                                                                                                                                             |                                                                                                                                                                                                                                         |                                                     |                                        |
| (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                             | erapy - Individual-Mental Health;                                                                                                           | Outpatient Therapy including Group Sessions-Mental Health; Asse                                                                                                                                                                         | ssment: Pre-Treatment                               | Assessment                             |
| Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Services: Sliding Fee Sc                                                      | cale;                                                                                                                                       |                                                                                                                                                                                                                                         |                                                     |                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                    | Agency                | Address                               | Phone         | Fax           |
|-------------------------|-----------------------|---------------------------------------|---------------|---------------|
| Zinke, Monica           | Fresh Start           | 6433 Havelock Avenue Lincoln NB 68507 | (402)475-7777 | (402)475-7779 |
| Substance Abuse Service | s:                    |                                       |               |               |
| Mental Health Service   | s: Outpatient Therapy |                                       |               |               |
| Juvenile Service        | s:                    |                                       |               |               |
| Other Service           | s: 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;

| Name                                                                                                                                                                           | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                             | Fax                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Andrews, Megan                                                                                                                                                                 | Boys Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                                                                                                                                     |                                                                                                                                                                                         |
| Substance Abuse Services:                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Mental Health Services:                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Juvenile Services:                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ; Non-Treatment: Fam                                                                                                                                              | nily Support Worker;                                                                                                                                                                    |
| Other Services:                                                                                                                                                                | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Avalos, Mayra                                                                                                                                                                  | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)324-6754                                                                                                                                                     | (308)324-5518                                                                                                                                                                           |
| Substance Abuse Services:                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Mental Health Services:                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Juvenile Services:                                                                                                                                                             | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| 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; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |                                                                                                                                                                                         |
| Mental Health Services:                                                                                                                                                        | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                   |                                                                                                                                                                                         |
| Juvenile Services:                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |                                                                                                                                                                                         |
|                                                                                                                                                                                | (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | g, mensive outpation. Intensive outpation: merapy wentar neath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | i; Assessment: Pre-116                                                                                                                                            | eatment Assessment                                                                                                                                                                      |
| Other Services:                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g, mensive outpation. mensive outpation merapy wentar reality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r; Assessment: Pre-Tre                                                                                                                                            | eatment Assessment                                                                                                                                                                      |
| Other Services: Benesch, Kevin                                                                                                                                                 | (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                                                                                                                     | (402)476-9623                                                                                                                                                                           |
|                                                                                                                                                                                | (Medicaid)<br>Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Benesch, Kevin                                                                                                                                                                 | (Medicaid)<br>Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                                         |
| Benesch, Kevin Substance Abuse Services: Mental Health Services:                                                                                                               | (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)475-7666<br>kually Harm; Therapeu                                                                                                                            | (402)476-9623                                                                                                                                                                           |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                         | (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)475-7666<br>kually Harm; Therapeu                                                                                                                            | (402)476-9623                                                                                                                                                                           |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                         | (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)475-7666<br>kually Harm; Therapeu                                                                                                                            | (402)476-9623                                                                                                                                                                           |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Brandyberry, Kyle  Substance Abuse Services:                          | (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale; Heartland Counseling  Adult Assessment Services Substance Abuse Eve Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Intervention/Education; Juvenile Non-Residential Services Outpatient - Intervention/Education; Juvenile Non-Residential Services Outpatient - Intervention/Education; Services Intensive Outpatient Treatment                                                                                                           | 2444 O St Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexent: Psychological Evaluation; Assessment: Juvenile Who Sexually  110 N Bailey PO Box 1209 North Platte NB 69101  Valuations; Adult Non-Residential Services Intervention/Education; Active Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurrential  (402)475-7666  Kually Harm; Therapeu Harm Risk Assessmer  (308)534-6029  Adult Non-Residential Adult Non-Residential vices Substance Abus Non-Residential Service | (402)476-9623  tic Group Home - nt  (308)534-6961  Services Outpatient - Services Outpatient e Evaluations; Juveni tes Outpatient - Famil                                               |
| Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Brandyberry, Kyle  Substance Abuse Services:  Mental Health Services: | (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale; Heartland Counseling  Adult Assessment Services Substance Abuse Everone Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexent: Psychological Evaluation; Assessment: Juvenile Who Sexually  110 N Bailey PO Box 1209 North Platte NB 69101  valuations; Adult Non-Residential Services Intervention/Education; Active Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)475-7666  Kually Harm; Therapeu Harm Risk Assessmen  (308)534-6029  Adult Non-Residential vices Substance Abus Non-Residential Servic ring Treatment; Juveni | (402)476-9623  tic Group Home - nt  (308)534-6961  Services Outpatient - I Services Outpatient - E Evaluations; Juveni e Evaluations; Juveni es Outpatient - Famil ile Non-Residential  |
| Benesch, Kevin  Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:  Brandyberry, Kyle  Substance Abuse Services:  Mental Health Services:    | (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale; Heartland Counseling  Adult Assessment Services Substance Abuse Everone Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Juvenile Non-Residential Services Outpatient - Intervention/Education. Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O                                                 | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexent: Psychological Evaluation; Assessment: Juvenile Who Sexually  110 N Bailey PO Box 1209 North Platte NB 69101  Valuations; Adult Non-Residential Services Intervention/Education; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring  utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)475-7666  Kually Harm; Therapeu Harm Risk Assessmen  (308)534-6029  Adult Non-Residential vices Substance Abus Non-Residential Servic ring Treatment; Juveni | (402)476-9623  tic Group Home - nt  (308)534-6961  Services Outpatient - I Services Outpatient - E Evaluations; Juveni e Evaluations; Juveni els Outpatient - Famil ile Non-Residential |

| Name                                                                                                                                                    | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                           | Fax                                                                  |
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| Cleveland, Sharley                                                                                                                                      | Inner Reflections Counseling Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)221-6902                                                                                   | (308)221-6904                                                        |
| Substance Abuse Services:                                                                                                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Outpatient - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring  | dult Non-Residential<br>ces Substance Abuse<br>on-Residential Service                           | Services Outpatient<br>Evaluations; Juveni<br>es Outpatient - Famil  |
| Mental Health Services:                                                                                                                                 | Outpatient Therapy; Juvenile Pre-Treatment Asse<br>Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent Assessment (bio-                                                                            | psychosocial); Co-                                                   |
| Juvenile Services:                                                                                                                                      | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual Health; Outpatient Therapy - Individual Health; Outpatient Therapy - Individual Health; Outpatient Therapy - Individual Health; Outpatient Therapy - Individual Health; Outpatient Th | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt Therapy - Co-occu                                                                            | ırring                                                               |
| Other Services:                                                                                                                                         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                      |
| Cooper, Rayla                                                                                                                                           | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 120 East 12th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)532-0587                                                                                   |                                                                      |
| Substance Abuse Services:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Adult Non-Residential Services Intervention/Education; Ac<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | •                                                                    |
| Mental Health Services:                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                      |
| 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<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | raluations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Arrices Substance Abuse Evaluations; Juvenile Non-Residential Servicele Non-Residential Servicele Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fa | dult Non-Residential es Intervention/Educa                                                      | Services Intensive                                                   |
| Mental Health Services                                                                                                                                  | Juvenile Non-Residential Services Intensive Outp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ential Services Outpa                                                                           | itient - Individual;                                                 |
| Mental Health Services:                                                                                                                                 | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | patient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                                               |                                                                      |
|                                                                                                                                                         | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy<br>Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | patient Treatment  eatment: Day Reporting; Non-Treatment: Anger Management Class; I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                                                                               | ·                                                                    |
| Juvenile Services:                                                                                                                                      | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | patient Treatment  eatment: Day Reporting; Non-Treatment: Anger Management Class; I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                                                                               | ·                                                                    |
| Juvenile Services:                                                                                                                                      | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy<br>Non-Treatment: Family Support Worker; Non-Tre<br>Non-Treatment: Employment Placement Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | patient Treatment  eatment: Day Reporting; Non-Treatment: Anger Management Class; I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                                                                               | ·                                                                    |
| Juvenile Services:<br>Other Services:                                                                                                                   | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy<br>Non-Treatment: Family Support Worker; Non-Tre<br>Non-Treatment: Employment Placement Program<br>Bilingual Services;<br>Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | patient Treatment eatment: Day Reporting; Non-Treatment: Anger Management Class; In; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Gene                                                                             | eral Education Class                                                 |
| Juvenile Services:<br>Other Services:<br>Crawford, Makayla                                                                                              | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy<br>Non-Treatment: Family Support Worker; Non-Tre<br>Non-Treatment: Employment Placement Program<br>Bilingual Services;<br>Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | patient Treatment eatment: Day Reporting; Non-Treatment: Anger Management Class; In; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Gene                                                                             | eral Education Class                                                 |
| Juvenile Services: Other Services: Crawford, Makayla Substance Abuse Services: Mental Health Services:                                                  | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy<br>Non-Treatment: Family Support Worker; Non-Tre<br>Non-Treatment: Employment Placement Program<br>Bilingual Services;<br>Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | patient Treatment eatment: Day Reporting; Non-Treatment: Anger Management Class; In; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Gene                                                                             | eral Education Class                                                 |
| Juvenile Services: Other Services: Crawford, Makayla Substance Abuse Services: Mental Health Services: Juvenile Services:                               | Juvenile Non-Residential Services Intensive Outp<br>Outpatient Therapy<br>Non-Treatment: Family Support Worker; Non-Tre<br>Non-Treatment: Employment Placement Program<br>Bilingual Services;<br>Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | patient Treatment eatment: Day Reporting; Non-Treatment: Anger Management Class; In; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Gene                                                                             | eral Education Class                                                 |
| Juvenile Services: Other Services: Crawford, Makayla Substance Abuse Services: Mental Health Services: Juvenile Services:                               | Juvenile Non-Residential Services Intensive Outpoutpatient Therapy Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Employment Placement Program Bilingual Services; Region II- Human Services Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | patient Treatment eatment: Day Reporting; Non-Treatment: Anger Management Class; In; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Treatment: Gene                                                                             | eral Education Class;                                                |
| Juvenile Services: Other Services: Crawford, Makayla Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dirks, Tamara | Juvenile Non-Residential Services Intensive Outpoutpatient Therapy Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Employment Placement Program Bilingual Services; Region II- Human Services  Non-Treatment: Professional Partner Bilingual Services; Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | patient Treatment patient: Day Reporting; Non-Treatment: Anger Management Class; In; Non-Treatment: Family Partner  401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Non-Treatment: General (308)284-6767  (402)461-4960  dult Non-Residential Seamily; Adult Non-Re | eral Education Class (308)284-3084  Services Care sidential Services |

| Name                                          | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                  | Fax                                                          |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|
| Juvenile Services:                            |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| 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:                     |                                                                                                                                                         | valuations; Adult Non-Residential Services Outpatient - Groups; Adultient - Co-Occurring Treatment; Adult Non-Residential Services Inte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                              |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                              |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| Fisher, Joel                                  | Region II- Human Services                                                                                                                               | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)539-1387                                                          | (308)532-1157                                                |
| Substance Abuse Services:                     |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| Mental Health Services:                       |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| Juvenile Services:                            | Non-Treatment: Professional Partner                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual Sc                                                                                                       | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                              |
| Gill, Janeen                                  | Serenity Counseling Services                                                                                                                            | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)737-1351                                                          |                                                              |
| Substance Abuse Services:                     |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ation                                                                  |                                                              |
| Juvenile Services:                            |                                                                                                                                                         | patient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                              |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                      | ient. Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                              |
| 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<br>Outpatient - Individual; Adult Non-Residential Se<br>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 Seducation; Juvenile Non-Residential Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fa | - Family; Adult Non-R<br>Services Substance A<br>IH; Juvenile Non-Resi | esidential Services<br>buse Evaluations;<br>dential Services |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |
|                                               | Mental Health; Outpatient Therapy - Eating Disor                                                                                                        | outpatient Therapy including Group Sessions-Mental Health; Outpati<br>rder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent Therapy including                                                  | Family Sessions-                                             |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

|                           | T                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                                                                                                                        |                                                                                                                 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                    | Fax                                                                                                             |
| Hipple, George            | Greater Nebraska Monitoring, LLC                                                                                                                                                                                                                                   | 105 W. 6th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)520-8308                                                                                                            |                                                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Juvenile Services:        | Contracted Services: Electronic Monitoring                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Huebner, Susanne          | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                 | 120 East 12th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)532-0587                                                                                                            | (308)532-0653                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Hunt, Mark                | Heartland Counseling                                                                                                                                                                                                                                               | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)534-6029                                                                                                            |                                                                                                                 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi                                                                                                                                                                                                                 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                                                                                                                                                                                                                                 | Abuse Evaluations; J                                                                                                     | uvenile Non-                                                                                                    |
| Mental Health Services:   | reament                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Jackson, Alona            | Jenda Family Services, LLC                                                                                                                                                                                                                                         | 815 K Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)474-0011                                                                                                            |                                                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Monitoring; Out-Of-Home: Foster Care (Relative/I                                                                                                                                                                     | Care (Agency Supported); Non-Treatment: Family Support Worker; (Kinshin)                                                                                                                                                                                                                                                                                                                                                                                                    | Contracted Services:                                                                                                     | Electronic                                                                                                      |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                 |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                            |                                                                                                                 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adips; Adult Non-Residential Services Outpatient - Family; Adult Non-Resocurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services O<br>ient Treatment; Adult<br>ce Abuse Evaluations<br>sidential Services Ou<br>g Treatment; Juvenile | utpatient - Individual;<br>t Residential Service<br>s; Juvenile Non-<br>tpatient - Family;<br>e Non-Residential |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                        | Phone                                        | Fax                                     |
|---------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|
| Lane, Jeannine            | McConaughy Discovery Center                                                                       | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                              | (308)284-4491                                | (308)284-4100                           |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                |                                              |                                         |
|                           | Non-Treatment: Family Support Worker                                                              |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Lange, Robyn              | Two Bridges Counseling                                                                            | 513 N Grant St Ste 3A Lexington NB 68850                                                                                                                                                                                                                                                       | (308)324-0222                                | (308)324-0225                           |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential<br>s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| 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:   | Outpatient Therapy                                                                                |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| 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                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Reside                                                                                | ring Treatment; Juve                         | enile Assessment                        |
| Mental Health Services:   | Outpatient Therapy                                                                                |                                                                                                                                                                                                                                                                                                |                                              |                                         |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                 | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                            | t Therapy including                          | Family Sessions-                        |
| Other Services:           | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale;                               |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Martin, Kelly             | Touchstone                                                                                        | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                     | (402)474-4343                                | (402)474-6957                           |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                  | al                                                                                                                                                                                                                                                                                             |                                              |                                         |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                |                                              |                                         |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                    | Phone                                     | Fax                                       |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| 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<br>Outpatient - Individual; Juvenile Assessment Sen<br>Residential Services Care Monitoring SA/MH; Juv<br>Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual | Family; Adult Non-Reces Intervention/Educ | esidential Services cation; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                           |                                           |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                           |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                           |                                           |
| Raney, Sandra             | Community Justice Center                                                                                                                                                                                    | 211 North 14th St, Suite 314 Lincoln NB 68508                                                                                                                                                                                                              | (308)225-4335                             | (308)633-2020                             |
| Substance Abuse Services: |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |                                           |                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                          | tion                                      |                                           |
| Juvenile Services:        | ,                                                                                                                                                                                                           |                                                                                                                                                                                                                                                            |                                           |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                           |                                           |
| Romero, Ana               | Region II- Human Services                                                                                                                                                                                   | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                            | (308)324-6754                             |                                           |
| Substance Abuse Services: |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |                                           |                                           |
| Mental Health Services:   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |                                           |                                           |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                         |                                                                                                                                                                                                                                                            |                                           |                                           |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                           | ervices;                                                                                                                                                                                                                                                   |                                           |                                           |
| 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 Outpar                                                                                                                                                           | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subse Non-Residential Services Outpatient - Individual; Juvenile Non-Re                                                 | stance Abuse Evaluat                      | ions; Juvenile Non-                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                           |                                           |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Co-Occurring                                                                                                                                                              | ent Therapy including                     | Family Sessions-                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          | <u>-</u>                                                                                                                                                                                                                                                   |                                           |                                           |
| 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                                                                                                                                                                | raluations                                                                                                                                                                                                                                                 |                                           |                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                           |                                           |                                           |
|                           |                                                                                                                                                                                                             | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                    |                                           |                                           |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: Professional Partner

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                         |
|                                                                                         | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juven                                        | valuations; Adult Non-Residential Services Outpatient - Groups; A<br>sive Outpatient Treatment; Juvenile Assessment Services Substa<br>ile Non-Residential Services Outpatient - Individual                                                                                      | nce Abuse Evaluations;                                | luvenile Non-                         |
| Mental Health Services:                                                                 | Outpatient Therapy; Pre-Treatment Assessment                                                                                                | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva                                                                                                                                                                                                                   | aluation; Psychological E                             | valuation valuation                   |
|                                                                                         | Mental Health; Outpatient Therapy - Youth Who<br>Who Sexually Harm; Assessment: Pre-Treatmer<br>Assessment: Juvenile Who Sexually Harm Risk | Outpatient Therapy including Group Sessions-Mental Health; Outp<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out<br>at Assessment (Medicaid); Assessment: Mental Status Exam (MS<br>Assessment; Assessment: Co-Occurring                                       | patient: Intensive Outpat                             | ent Therapy-Youth                     |
| Other Services:                                                                         | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                                  |                                                       |                                       |
| Stoll, Miranda                                                                          | Inner Reflections Counseling Center                                                                                                         | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                   | (308)870-2630                                         |                                       |
| Substance Abuse Services:                                                               | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Juvenile Assessment S                                            | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Substance Abuse Evaluations; Juvenile Non-Residential<br>Juvenile Non-Residential Services Outpatient - Family; Juvenile No | al; Adult Non-Residential<br>Services Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services:                                                                 | diversite Non Residential Dervices Outpatient - C                                                                                           | 50 Occurring Treatment                                                                                                                                                                                                                                                           |                                                       |                                       |
| Juvenile Services:                                                                      | Outpatient Therapy - Individual-Mental Health; C<br>Mental Health                                                                           | Outpatient Therapy including Group Sessions-Mental Health; Outp                                                                                                                                                                                                                  | atient Therapy including                              | Family Sessions-                      |
| Other Services:                                                                         | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                                  |                                                       |                                       |
| Tidyman, Mary                                                                           | Heartland Counseling                                                                                                                        | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                                   | (308)534-6029                                         |                                       |
| Substance Abuse Services:                                                               | Adult Assessment Services Substance Abuse E<br>Groups; Adult Non-Residential Services Outpation                                             | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Individual                                                                                                                                                                                            | n; Adult Non-Residential S                            | Services Outpatient                   |
| Mental Health Services:                                                                 |                                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                       |                                       |
| Juvenile Services:                                                                      |                                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                       |                                       |
| Other Services:                                                                         | Sliding Fee Scale;                                                                                                                          |                                                                                                                                                                                                                                                                                  |                                                       |                                       |
|                                                                                         | Heartland Family Service                                                                                                                    | 1941 S 42nd St Suite 375 Omaha NB 68105                                                                                                                                                                                                                                          | (402)980-9672                                         |                                       |
| Torres, Griselda                                                                        | ricardana ranniy ocivioc                                                                                                                    | 1941 6 4211d of builte 3/3 Official ND 00103                                                                                                                                                                                                                                     | (402)900-9072                                         |                                       |
| Torres, Griselda Substance Abuse Services:                                              |                                                                                                                                             | 1941 6 42hd of Guite 373 Offiana NB 00103                                                                                                                                                                                                                                        | (402)980-9872                                         |                                       |
| ·                                                                                       | •                                                                                                                                           | 1341 6 42hd of Guite 373 Ginana ND 00103                                                                                                                                                                                                                                         | (402)360-3072                                         |                                       |
| Substance Abuse Services:<br>Mental Health Services:                                    | •                                                                                                                                           | 1341 6 42nd of Guite 373 Official a NB 00103                                                                                                                                                                                                                                     | (402)360-3672                                         |                                       |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:              | ·                                                                                                                                           | 1341 6 42nd of Guite 373 Official a NB 00103                                                                                                                                                                                                                                     | (402)360-3672                                         |                                       |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:              | Non-Treatment: Family Support Worker                                                                                                        | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                         | (308)532-4860                                         | (308)532-1157                         |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services: | Non-Treatment: Family Support Worker Bilingual Services; Region II- Human Services                                                          |                                                                                                                                                                                                                                                                                  |                                                       | (308)532-1157                         |

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| 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/Educati<br>nt - Family; Adult Non-Residential Services Outpatient - Indivic<br>Services Intensive Outpatient Treatment                                                                                        |                                                          |                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       |                                                                                                                                                                                                                                                                      |                                                          |                                            |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                      | atment: Anger Management Class; Non-Treatment: General E                                                                                                                                                                                                             | ducation Class; Non-Treat                                | ment: Family Partner                       |
| 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                                                       | aluations; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                        | urring Treatment                                         |                                            |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                    | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessi                                                                                                                                                                                                           | ment (bio-psychosocial)                                  |                                            |
| Juvenile Services:        |                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; As<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessm                                                                                                                                           |                                                          |                                            |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S   | •                                                                                                                                                                                                                                                                    | dual; Adult Non-Residential ial Services Intervention/Ed | Services Outpatient<br>lucation; Juvenile  |
|                           |                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Ou                                                                                                                                                                                                         | stnationt Therapy including                              | Family Sessions                            |
|                           | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale;                                |                                                                                                                                                                                                                                                                      | itpatient Therapy including                              | r armly Sessions-                          |
|                           |                                                                                                    |                                                                                                                                                                                                                                                                      |                                                          |                                            |
| White, Sarah              | Region II- Human Services                                                                          | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                             | (308)532-4860                                            | (308)532-1157                              |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                      |                                                          |                                            |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                      |                                                          |                                            |
|                           | Non-Treatment: Professional Partner                                                                |                                                                                                                                                                                                                                                                      |                                                          |                                            |
| 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; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-<br>e Assessment Services Substance Abuse Evaluations; Juvenil<br>amily; Juvenile Non-Residential Services Outpatient - Individual | Occurring Treatment; Adult e Non-Residential Services    | : Non-Residential<br>s Outpatient - Groups |
|                           |                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; As                                                                                                                                                                                                        | ssessment: Pre-Treatment                                 | Assessment                                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                    | Phone                                                              | Fax                                                                        |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                 | (308)224-3338                                                      |                                                                            |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Juvenile Services:        |                                                                                                                                   | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                                                                                                                                                           | Non-Treatment: Fam                                                 | ily Support Worker;                                                        |
| Other Services            | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Other Services.           | Bilingual Services;                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Avalos, Mayra             | Region II- Human Services                                                                                                         | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                            | (308)324-6754                                                      | (308)324-5518                                                              |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Benesch, Kevin            | HopeSpoke                                                                                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                 | (402)475-7666                                                      | (402)476-9623                                                              |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Juvenile Services:        |                                                                                                                                   | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually He                                                                                                                                                                                                                       |                                                                    |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
| Brandyberry, Kyle         | Heartland Counseling                                                                                                              | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                                                                                                             | (308)534-6029                                                      | (308)534-6961                                                              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
|                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                            |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | • • •                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                            |
|                           | Outpatient Therapy - Individual-Mental Health; Ou                                                                                 | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                   |                                                                    |                                                                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring                                | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                   |                                                                    |                                                                            |

Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone                                                                                                                  | Fax                                                                                                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Fisher, Joel              | Region II- Human Services                                                                                                                                                                                                             | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)539-1387                                                                                                          | (308)532-1157                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                   |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                   |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                     | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                   |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                          | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)737-1351                                                                                                          |                                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluate                                                                                                                                                                                                                                                                                                                                                                                                                             | ion                                                                                                                    |                                                                                                                   |
|                           |                                                                                                                                                                                                                                       | patient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>lental Health; Outpatient Therapy - Eating Disorder; Day Treatment D<br>nent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                   |
| 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<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Non-Residential Services Intervention/E                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Ac<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - I<br>rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se<br>Education; Juvenile Non-Residential Services Care Monitoring SA/MH<br>ervices Outpatient - Family; Juvenile Non-Residential Services Outpa<br>(bio-psychosocial)                                                                                                        | Family; Adult Non-Re<br>ervices Substance Ab<br>l; Juvenile Non-Resio                                                  | esidential Services<br>buse Evaluations;<br>dential Services                                                      |
|                           |                                                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                             | nt Therapy including                                                                                                   | Family Sessions-                                                                                                  |
| Other Services:           | Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale;                                                                                                                                                                   | rder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                   |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)481-5392                                                                                                          |                                                                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Acups; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring le Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individua<br>It Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                   |

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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                                |                                                                                                                            |                             |               |
|                           | Non-Treatment: Day Reporting; Non-Treatment:      | General Education Class                                                                                                    |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Martin, Kelly             | Touchstone                                        | 2633 P St Lincoln NB 68503                                                                                                 | (402)474-4343               | (402)474-6957 |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia  | al                                                                                                                         |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
| Juvenile Services:        |                                                   |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Romero, Ana               | Region II- Human Services                         | 307 East 5th Lexington NB 68850                                                                                            | (308)324-6754               |               |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
|                           | Non-Treatment: Professional Partner               |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices;                                                                                                                   |                             |               |
| Stermensky, Dr. Gage      |                                                   | 1811 Avenue A Scottsbluff NB 69361                                                                                         | (417)413-0085               | (308)832-4844 |
| Substance Abuse Services: |                                                   | valuations; Adult Non-Residential Services Outpatient - Groups                                                             |                             |               |
|                           | · ·                                               | ive Outpatient Treatment; Juvenile Assessment Services Sub<br>le Non-Residential Services Outpatient - Individual          | stance Aduse Evaluations;   | Juvenile Non- |
| Mental Health Services:   |                                                   | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm                                                                 | Evaluation; Psychological E | valuation     |
| Juvenile Services:        |                                                   | utpatient Therapy including Group Sessions-Mental Health; O                                                                |                             |               |
|                           |                                                   | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive of the Assessment (Medicaid); Assessment: Mental Status Exam ( |                             |               |
|                           | Assessment: Juvenile Who Sexually Harm Risk       |                                                                                                                            | ,,                          |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Vak, Ashley               | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                   | (308)532-4860               | (308)532-1157 |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
|                           | Non-Treatment: Professional Partner               |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| White, Sarah              | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                   | (308)532-4860               | (308)532-1157 |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |

Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                      | Fax                                       |
|---------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                              | (402)562-6458                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                      | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| Juvenile Services:        |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| Boyce, Shelley            | Shelley K Boyce, LIMHP, CPC                                                                           | 314 S 14th St Suite 101 Ord NB 68862                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)728-9979                              | (308)728-9980                             |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                        | bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therapy - Eating D                      | Disorder                                  |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| 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 Outpatiel Co-Occurring Treatment; Juvenile Non-Residentia      | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individua | dult Non-Residential<br>Outpatient - Group | Services Outpatient -<br>s; Juvenile Non- |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                        | o-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |
| Juvenile Services:        | Assessment: Co-Occurring                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                              | (402)562-6458                             |
| Substance Abuse Services: | Family, Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment, Adult Ro | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ng Treatment; Adult<br>Services Substance  | Non-Residential<br>Abuse Evaluations;     |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)              | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therapy - Co-occu                       | ırring; Assessment:                       |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |

| Substance Abuse Services: Add<br>Add<br>Add<br>Du:<br>Res |                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)481-5392                                                                                                             |                                                                                                                     |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Adı<br>Adı<br>Dur<br>Res                                  |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
|                                                           | dult Non-Residential Services Outpatient - Co-Oual Residential (MH/SA); Adult Residential Serviesidential Services Intervention/Education; Juve      | aluations; Adult Non-Residential Services Intervention/Education; Acps; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substartinile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services O<br>tient Treatment; Adul<br>ace Abuse Evaluation<br>esidential Services Ou<br>ag Treatment; Juvenil | outpatient - Individual;<br>It Residential Services<br>s; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:                                   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Juvenile Services:                                        |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Other Services: Billi                                     | lingual Services;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Jones, James Co                                           | ommunity Justice Center                                                                                                                              | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)429-1050                                                                                                             |                                                                                                                     |
| Substance Abuse Services:                                 |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Mental Health Services: Ou                                | utpatient Therapy                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Juvenile Services: No                                     | on-Treatment: Day Reporting; Non-Treatment: G                                                                                                        | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                                                     |
| Other Services: Slice                                     | iding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| 3,                                                        | ehavioral Health Specialist/Seekers of erenity                                                                                                       | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)370-3140                                                                                                             |                                                                                                                     |
| Adı<br>Adı<br>Abı                                         | dult Non-Residential Services Outpatient - Group<br>dult Non-Residential Services Intensive Outpatie                                                 | sessment Services Substance Abuse Evaluations; Adult Non-Residents; Adult Non-Residents; Adult Non-Residents Services Outpatient - Family; Adult Non-Resident Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                     | esidential Services O<br>venile Assessment S                                                                              | Outpatient - Individual;<br>Services Substance                                                                      |
| Mental Health Services:                                   | •                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Juvenile Services: No                                     | on-Treatment: Anger Management Class                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
| Other Services: Slice                                     | iding Fee Scale; Hearing Impaired; Bilingual Sei                                                                                                     | rvices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                                                     |
| Riley, Suzanne Su                                         | uzanne Riley Counseling LLC                                                                                                                          | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)398-0350                                                                                                             | (308)398-0351                                                                                                       |
| Gro<br>Co-<br>Noi<br>Juv                                  | roups; Adult Non-Residential Services Outpatier<br>o-Occurring Treatment; Adult Non-Residential S<br>on-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A tervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                   | dult Non-Residential<br>ces Substance Abuse<br>on-Residential Service                                                     | Services Outpatient -<br>Evaluations; Juveniles<br>Ses Outpatient - Family                                          |
| Mental Health Services:                                   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                     |
|                                                           | ental Health; Outpatient Therapy - Co-occurring                                                                                                      | stpatient Therapy including Group Sessions-Mental Health; Outpatie; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; nt Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kin                                                                                                                                                                                                                                                                                    | Intensive Outpatient:                                                                                                     | Intensive Outpatient                                                                                                |
|                                                           | 1,                                                                                                                                                   | in recognition (medically), our or remain each our (results) in                                                                                                                                                                                                                                                                                                                                                                                                                           | 5p <sub>j</sub> , 7.000001110111. O                                                                                       | o Coodining                                                                                                         |

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                                 | Phone                                            | Fax                                      |
|---------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|
| Stoll, Miranda            | Inner Reflections Counseling Center                                                              | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                          | (308)870-2630                                    |                                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; / ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | Adult Non-Residential S rvices Intervention/Educ | ervices Outpatient -<br>cation; Juvenile |
| Mental Health Services:   | ·                                                                                                | •                                                                                                                                                                                                                                                                       |                                                  |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Health                                 | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                      | ent Therapy including Fa                         | amily Sessions-                          |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                         |                                                  |                                          |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                              | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                    | (402)336-2800                                    |                                          |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment                        | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; /                                                                                                                              |                                                  |                                          |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                     | , , ,                                                                                                                                                                                                                                                                   |                                                  |                                          |
|                           | Outpatient Therapy including Family Sessions-Me<br>Treatment Assessment (Medicaid); Assessment:  | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera<br>Co-Occurring                                                                                                                |                                                  |                                          |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                         |                                                  |                                          |

| Name                                          | Agency                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                   | Phone                                                              | Fax                                                              |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|
|                                               | <u> </u>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Akes, Cheyenne                                | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                       | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                | (402)370-3140                                                      |                                                                  |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve  | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Short Term Residential; Juvenile Assessment Services Substance Alenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient Tread                            | dult Non-Residentia<br>buse Evaluations; J<br>sidential Services O | Services Intensive uvenile Non-<br>utpatient - Family;           |
| Mental Health Services:                       |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Juvenile Services:                            |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Alexander, Tessa                              | Behavioral Health Specialist/Seekers of Serenity                                                                                                          | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                      | (402)564-9994                                                      | (402)564-9976                                                    |
| Substance Abuse Services:                     |                                                                                                                                                           | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Individual; Adult Non-<br>p Residential                                                                                                                                                                                                |                                                                    |                                                                  |
| Mental Health Services:<br>Juvenile Services: | Troublent, Addit Residential Corvices Chert Terri                                                                                                         | T Coddonial                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Andrews, Megan                                | Boys Town                                                                                                                                                 | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                | (308)224-3338                                                      |                                                                  |
| Substance Abuse Services:                     |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Mental Health Services:                       |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |
| Juvenile Services:                            | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)                                                                 | Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                                            | Ion-Treatment: Fam                                                 | nily Support Worker;                                             |
| Other Services:                               | Bilingual 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<br>Co-Occurring Treatment; Adult Residential Service<br>Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advess Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residentia<br>e Abuse Evaluations<br>sidential Services O | Services Outpatient -<br>s; Juvenile Non-<br>utpatient - Family; |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                  |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                         | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                      | nt Therapy - Co-occ                                                | urring                                                           |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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                                                                                                                                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Adult Residential Services I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dult Non-Residential                                                                                                 | Services Outpatient                                                                                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |
| Barritt, Samantha         | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                  | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                        | (402)370-3373                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring S<br>Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R<br>Assessment Services Substance Abuse Evaluation<br>Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occur desidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Notesidential Services Outpatient - Co-Occurring Treatment - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - C | on-Residential Servi<br>ring Treatment; Adul<br>rices Short Term Re<br>nile Non-Residential<br>ient - Family; Juveni | ces Outpatient -<br>t Non-Residential<br>sidential; Juvenile<br>Services Care<br>le Non-Residential |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                     |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                   | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | py - Co-occurring; In                                                                                                | tensive Outpatient:                                                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |
| Beam, Brenae              | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                        | (402)562-6458                                                                                       |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad                                                                                                                                                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resid<br>lult Non-Residential Services Outpatient - Individual; Adult Non-Resid<br>dential (MH/SA); Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |
| Mental Health Services:   | Treatment, Adult Residential Gervices Dual Residential                                                                                                                                                                                                            | dential (Willion), Addit Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                        | (402)562-6458                                                                                       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resid<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-R<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | •                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                     |

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                              | Phone                                                            | Fax                                                                       |
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| Boschult, Brandy          | Oasis Counseling International                                                                                                                         | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                           | (402)992-0333                                                    |                                                                           |
| Substance Abuse Services: |                                                                                                                                                        | cation; Adult Non-Residential Services Care Monitoring SA/MH; Adult<br>nt - Individual; Juvenile Non-Residential Services Intervention/Educat<br>rvices Outpatient - Individual                                                                                                                                                                                      |                                                                  |                                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                           |
|                           | Mental Health; Assessment: Pre-Treatment Asse                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>ssment (Medicaid)                                                                                                                                                                                                                                                                             | nt 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 69887                                                                                                                                                                                                                                                                                                                   | (402)494-3337                                                    |                                                                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
| Mental Health Services:   | ·                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Outpatie                                                                                                         | ent Therapy - Individual-Mental Health; Intensive Outpatient: Intensive                                                                                                                                                                                                                                                                                              | Outpatient Therapy                                               | /-Mental Health                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Brockman, Sonja           | Behavioral Health Specialist/Seekers of Serenity                                                                                                       | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                 | (402)564-9994                                                    | (402)562-6458                                                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                       | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                              |                                                                  |                                                                           |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Juvenile Services:        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Camacho, Diana            | Good Life Counseling & Support                                                                                                                         | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                              | (402)371-3044                                                    |                                                                           |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out                                                                                                                                                   | ations; Juvenile No                                              |                                                                           |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |
| Other Services:           | Bilingual Services;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                           |

| Name                      | Agency                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                         | Phone                                         | Fax                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| Casanova, Jaime           | Good Life Counseling & Support                                                                                                                                                            | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                 | (402)417-5587                                 |                                         |
| Substance Abuse Services: |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
|                           | Non-Treatment: Family Support Worker                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Other Services:           | Bilingual Services;                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Cattau, Jeanne            | Apex Therapy Service                                                                                                                                                                      | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                    | (402)851-4026                                 | (402)379-2487                           |
| Substance Abuse Services: |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                              | (bio-psychosocial)                                                                                                                                                                                                                                                                                                              |                                               |                                         |
| Juvenile Services:        |                                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess                                                                                                                                                                                          |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Cornwell, Shelli          | Colegrove Counseling Center                                                                                                                                                               | 1460 35th Ave. Columbus NB 68601                                                                                                                                                                                                                                                                                                | (402)562-6767                                 |                                         |
|                           | Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                | on; Juvenile Non-Re<br>outpatient - Individua | esidential Services<br>I; Juvenile Non- |
| Juvenile Services:        |                                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                             | nt Therapy - Co-occ                           | urring; Assessment:                     |
| Other Services            | Co-Occurring Sliding Fee Scale;                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Other Services.           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Duffy, Terry              | The Link, Inc.                                                                                                                                                                            | 1001 W Norfolk Ave. Norfolk NB 68701                                                                                                                                                                                                                                                                                            | (402)371-5310                                 | (402)371-7483                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                              | aluations; Adult Residential Services Halfway-House                                                                                                                                                                                                                                                                             |                                               |                                         |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Juvenile Services:        |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                       | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                                 | (402)562-6458                           |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ing Treatment; Adul<br>Services Substance     | t Non-Residential<br>Abuse Evaluations; |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                               |                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                             | nt Therapy - Co-occ                           | urring; Assessment:                     |

| Name                                               | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                       | Phone                                          | Fax                                         |
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| Other Services:                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Gregory, Nichole                                   |                                                                                                       | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                   | (402)720-1621                                  | (402)753-6445                               |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv     | aluations; Adult Non-Residential Services Intervention/Education; Ad-<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad-<br>ices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>e Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                                | dult Non-Residential<br>s Intervention/Educ    | Services Intensive ation; Juvenile Non-     |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Juvenile Services:                                 | Non-Treatment: General Education Class                                                                |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Other Services:                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Grothe, Maria                                      | 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:                                 | Community Treatment Aide                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Other Services:                                    | Bilingual Services;                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Hahn, Maria                                        | Good Life Counseling & Support                                                                        | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                               | (402)270-7781                                  | (402)562-4001                               |
| Substance Abuse Services:                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Juvenile Services:                                 | Non-Treatment: Family Support Worker                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Other Services:                                    | Bilingual Services;                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Hampton, Betty                                     | Hampton Behavioral Health & Family Services, Inc                                                      | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                  | (402)336-3200                                  | (402)336-3219                               |
| Substance Abuse Services:  Mental Health Services: | Adult Assessment Services Substance Abuse Ev                                                          | aluations; Juvenile Assessment Services Substance Abuse Evaluation                                                                                                                                                                                                                                                                            | ons                                            |                                             |
|                                                    | Outpatient Therapy including Group Sessions-Me                                                        | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatienental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessment: Co-Occu                                                                                                                                      | ealth; Outpatient The                          | ial-Mental Health;<br>erapy - Co-occurring; |
| Other Services:                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Hannappel, Mark                                    | Apex Therapy Service                                                                                  | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                  | (402)851-4026                                  | (402)379-2487                               |
| Substance Abuse Services:                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |
| Juvenile Services:                                 | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluation | atient: Intensive Outp<br>Outpatient- Eating D | oatient Therapy-Men<br>Disorder; Assessmen  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                               | Agency                                                                                                                                                                                          | Address                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                             | Fax                                                       |
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| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Hergott, Mariah                                    | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                 | (402)370-3140                                                                     |                                                           |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpati<br>Outpatient Treatment; Adult Residential Service                                                                                               | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                   | ıl; Adult Non-Residentia<br>ce Abuse Evaluations; J                               | Services Intensivuvenile Non-                             |
|                                                    | Outpatient Therapy - Individual-Mental Health; C                                                                                                                                                | Outpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient Therapy-Co-occurring.                                                                                                                                                                                                                                                                                          |                                                                                   |                                                           |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Hopkins, Carey                                     | Madison County Juvenile Accountability Unit                                                                                                                                                     | 123 N 4th St Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                              | (402)454-3311                                                                     | (402)454-995                                              |
| Substance Abuse Services:                          |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Mental Health Services:                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Juvenile Services:                                 | Non-Treatment: Day Reporting                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Houser, Elisabeth                                  | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                 | (402)370-3140                                                                     |                                                           |
| Substance Abuse Services:                          | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Co-Occurring Treatment; Adult Non<br>Juvenile Assessment Services Substance Abus<br>Care Monitoring SA/MH; Juvenile Non-Resident | valuations; Adult Non-Residential Services Intervention/Education ces Outpatient - Groups; Adult Non-Residential Services Outpatient-Residential Services Intensive Outpatient Treatment; Adult Reside Evaluations; Juvenile Non-Residential Services Intervention/Educial Services Outpatient - Groups; Juvenile Non-Residential Services Treatment; Juvenile Residential Services Short Term Residential | nt - Individual; Adult Non<br>ential Services Short Te<br>cation; Juvenile Non-Re | -Residential Servierm Residential;<br>esidential Services |
| Mental Health Services:                            | Outpatient Therapy                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Juvenile Services:                                 |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Hunter, Linda                                      | Northeast Nebraska Psychological Services, PC                                                                                                                                                   | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                                                                                         | (402)685-4130                                                                     | (402)685-413                                              |
| Substance Abuse Services:                          |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                           |
| Mental Health Services:                            | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                                                                                  | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); P                                                                                                                                                                                                                                                                                                                                             | sychological Evaluation                                                           |                                                           |
| Juvenile Services:                                 | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                   | Outpatient Therapy including Group Sessions-Mental Health; Outpated Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment Secretary Parallel Secretary Assessment Secretary Parallel Secretary Assessment Secretary                                                                                                                                                                              | nt: Pre-Treatment Asses                                                           |                                                           |

Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment

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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Substance Abuse Services: Adult Adult Adult Dual F Resid Juven Services: Juvenile Services: Other Services: Bilings  Kennedy, Jenna Beha Seres Substance Abuse Services: Adult Adult Adult Adult Abuse Services | t Non-Residential Services Outpatient - Group t Non-Residential Services Outpatient - Co-O Residential (MH/SA); Adult Residential Servi dential Services Intervention/Education; Juve nile Non-Residential Services Outpatient - Inc ices Intensive Outpatient Treatment; Juvenile gual Services; avioral Health Specialist/Seekers of enity t Emergency Services Social Detox; Adult Ass | 1640 Lake St. Lincoln NB 68501  aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substancial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services  900 W Norfolk Ave Ste 200 Norfolk NB 68701  sessment Services Substance Abuse Evaluations; Adult Non-Residential Services | esidential Services C<br>ient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services Or<br>g Treatment; Juveni<br>s Short Term Reside | Outpatient - Individual<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
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| Adult Adult Dual Resid Juven Services:  Mental Health Services: Juvenile Services: Other Services: Bilings  Kennedy, Jenna Beha Seres  Substance Abuse Services: Adult Adult Adult Abuse Services               | t Non-Residential Services Outpatient - Group t Non-Residential Services Outpatient - Co-O Residential (MH/SA); Adult Residential Servi dential Services Intervention/Education; Juve nile Non-Residential Services Outpatient - Inc ices Intensive Outpatient Treatment; Juvenile gual Services; avioral Health Specialist/Seekers of enity t Emergency Services Social Detox; Adult Ass | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substancial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services  900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                      | esidential Services C<br>ient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services Or<br>g Treatment; Juveni<br>s Short Term Reside | Outpatient - Individual<br>It Residential Service<br>as; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Juvenile Services: Other Services: Bilings  Kennedy, Jenna Beha Seres  Substance Abuse Services: Adult Adult Adult Abuse Services                                                                               | avioral Health Specialist/Seekers of<br>enity<br>t Emergency Services Social Detox; Adult As:                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
| Other Services: Bilings  Kennedy, Jenna Beha Seres  Substance Abuse Services: Adult Adult Adult Abuse Services                                                                                                  | avioral Health Specialist/Seekers of<br>enity<br>t Emergency Services Social Detox; Adult As:                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
| Kennedy, Jenna Beha<br>Serer<br>Substance Abuse Services: Adult<br>Adult<br>Abuse<br>Services                                                                                                                   | avioral Health Specialist/Seekers of<br>enity<br>t Emergency Services Social Detox; Adult As:                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
| Seren<br>Substance Abuse Services: Adult<br>Adult<br>Adult<br>Abuse<br>Services: Adult                                                                                                                          | enity<br>t Emergency Services Social Detox; Adult As                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
| Adult<br>Adult<br>Abuse<br>Servic                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           | sessment Services Substance Abuse Evaluations; Adult Non-Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | atial Camilaga Inton.                                                                                                                      |                                                                                                                     |
|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                           | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Reent Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpati                                                                                                                                                                                                                                                                                                                                                                                                           | esidential Services C<br>venile Assessment S                                                                                               | Outpatient - Individual<br>Services Substance                                                                       |
| Mental Health Services:                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
|                                                                                                                                                                                                                 | Treatment: Anger Management Class                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
| Other Services: Sliding                                                                                                                                                                                         | ng Fee Scale; Hearing Impaired; Bilingual Ser                                                                                                                                                                                                                                                                                                                                             | rvices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                     |
| Klassen, Ellie Good                                                                                                                                                                                             | d Life Counseling & Support                                                                                                                                                                                                                                                                                                                                                               | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)371-3044                                                                                                                              | (402)371-9643                                                                                                       |
| Group<br>Servic                                                                                                                                                                                                 | ips; Adult Non-Residential Services Outpatier ices Substance Abuse Evaluations; Juvenile I                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                            | ring Treatment; Juve<br>dential Services Out                                                                                               | enile Assessment                                                                                                    |
| Mental Health Services: Outpa                                                                                                                                                                                   | patient Therapy; Pre-Treatment Assessment (I                                                                                                                                                                                                                                                                                                                                              | bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                           | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Assessment: Pre-Treatment Assessment (Medicaid); As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                     |
| Other Services: Bilings                                                                                                                                                                                         | gual Services;                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                     |
| Kollmar, Judy Oasis                                                                                                                                                                                             | is Counseling International                                                                                                                                                                                                                                                                                                                                                               | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)379-2030                                                                                                                              | (402)379-3933                                                                                                       |

Juvenile Services: Non-Treatment: Family Support Worker; Community Treatment Aide

Other Services: Sliding Fee Scale;

| Name                                          | Agency                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                             | Fax                                                                                                |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 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/Educatic<br>ent - Family; Adult Non-Residential Services Outpatient - Individi<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                    |
| Mental Health Services:                       | Outpatient Therapy; Co-Occurring                                                                                                                                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                    |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; In                                                                                                                                                   | tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                    |
| Krejci, Ann                                   | Stephen Center                                                                                                                                                                                      | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5453                                                                                                     | (402)715-5452                                                                                      |
|                                               | Adult Non-Residential Services Outpatient - Fam<br>Occurring Treatment; Adult Non-Residential Serv<br>Services Extended Residential; Adult Residential                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t Non-Residential Services                                                                                        | s Outpatient - Co-                                                                                 |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                    |
| Juvenile Services:                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                    |
| 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<br>Co-Occurring Treatment; Adult Non-Residential Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Intervention/Education of Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Substance Abuse Evaluations; Juvenile Non-Residential ile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of the Property of Treatment; Juvenile Non-Residential Services Interpretation of the Property of Treatment; Juvenile Non-Residential Services Interpretation of the Property of Treatment; Juvenile Non-Residential Services Interpretation of the Property of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment; Juvenile Non-Residential Services Interpretation of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment of Treatment | ual; Adult Non-Residential<br>rices Halfway-House; Adul<br>Services Intervention/Edu<br>Residential Services Outp | Services Outpatient -<br>It Residential Services<br>ucation; Juvenile Non-<br>atient - Individual; |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                    |
| Juvenile Services:                            |                                                                                                                                                                                                     | nutpatient Therapy including Group Sessions-Mental Health; Out<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | Family Sessions-                                                                                   |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ·                                                                                                               |                                                                                                    |
| Loberg, Katie                                 | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                 | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                     |                                                                                                    |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Groundful Non-Residential Services Intensive Outpatient                                                                                                 | ssessment Services Substance Abuse Evaluations; Adult Non-Fups; Adult Non-Residential Services Outpatient - Family; Adult Nient Treatment; Adult Residential Services Short Term Resident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Ion-Residential Services (ial; Juvenile Assessment                                                                | Dutpatient - Individua<br>Services Substance                                                       |
|                                               |                                                                                                                                                                                                     | rvices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual; Juvenile Non-Residentia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                    |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                             | Fax                                                                             |
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| McCarthy, Kim             | Oasis Counseling International                                                                                                                                                                         | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)379-2030                                                                                                     | (402)379-3933                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Comm                                                                                                                                                             | unity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Means, Kelli              | Midtown Health Center                                                                                                                                                                                  | 302 W Phillip Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)371-8000                                                                                                     | (402)371-0971                                                                   |
|                           | Groups; Adult Non-Residential Services Outpat<br>Co-Occurring Treatment; Juvenile Assessment                                                                                                           | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Individual; Juvenile 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ual; Adult Non-Residential al Services Intervention/Ed                                                            | Services Outpatienducation; Juvenile                                            |
|                           | 1 177                                                                                                                                                                                                  | น (อเจ-psychosocial), Co-Occurring<br>Outpatient Therapy including Family Sessions-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | strationt Thorany Co. occ                                                                                         | urring: Accoccment:                                                             |
| Juvernie Services.        | Pre-Treatment Assessment (Medicaid); Assess                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | itpatient Therapy - Co-occi                                                                                       | unnig, Assessment.                                                              |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                 | Ç                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                 |
| Meier, Kathryn            | Good Life Counseling & Support                                                                                                                                                                         | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (605)760-0962                                                                                                     |                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-T                                                                                                                                                            | reatment: Day Reporting; Non-Treatment: Evening Reporting; Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ontracted Services: Electro                                                                                       | onic Monitoring                                                                 |
| Other Services:           | Bilingual Services;                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                         | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)371-3044                                                                                                     | (402)371-9643                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen                                                                                                                                                            | t (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                 |
| Juvenile Services:        | Supervised Visitation; Non-Treatment: Day Rep<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient The<br>Health; Intensive Outpatient: Intensive Outpatie | reatment: Tracker (Except Douglas County); Non-Treatment: Inte-<br>porting; Non-Treatment: Evening Reporting; Non-Treatment: Ang-<br>al-Mental Health; Outpatient Therapy including Group Sessions-In<br>rapy - Eating Disorder; Community Treatment Aide; Intensive Outpat-<br>nt- Eating Disorder; Intensive Outpatient: Intensive Outpatient That: Mental Status Exam (MSE); Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted | er Management Class; No<br>Mental Health; Outpatient<br>Itpatient: Intensive Outpati<br>nerapy-Co-occurring; Asse | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>essment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Morris-Von Kampen, Carla  | Women's Empowering Life Line                                                                                                                                                                           | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)379-3622                                                                                                     |                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                        | evaluations; Adult Non-Residential Services Outpatient - Groups;<br>ent - Individual; Adult Non-Residential Services Intensive Outpati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                           | Phone                                                                                                                                       | Fax                                                               |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Oltmer, Cynthia           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                           | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                | (402)379-0040                                                                                                                               | (402)379-0759                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Incres Short Term Residential                                                                                                                                 |                                                                                                                                             |                                                                   |
| Mental Health Services:   | To occurring Treatment, Addit Nesidential Cervi                                                                                                                                                                            | ides offert refin residential                                                                                                                                                                                                                                                     |                                                                                                                                             |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                   |
| Parr, Jessica             | Women's Empowering Life Line                                                                                                                                                                                               | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                   | (402)379-3622                                                                                                                               |                                                                   |
|                           |                                                                                                                                                                                                                            | valuations; Adult Non-Residential Services Outpatient - Gr<br>nt - Individual; Adult Residential Services Dual Residentia                                                                                                                                                         |                                                                                                                                             | vices Outpatient -                                                |
| Mental Health Services:   |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                   |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                        | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                | (402)370-3140                                                                                                                               | (402)370-3373                                                     |
|                           | Non-Residential Services Outpatient - Family; And Treatment; Adult Non-Residential Services Intensubstance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juventensive Outpatient Treatment | Assessment Services Substance Abuse Evaluations; Adult dult Non-Residential Services Outpatient - Individual; Adult sive Outpatient Treatment; Adult Residential Services Shousidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring | t Non-Residential Services Outp<br>ort Term Residential; Juvenile As<br>dential Services Outpatient - Far<br>Treatment; Juvenile Non-Reside | atient - Co-Occurrir<br>ssessment Services<br>nily; Juvenile Non- |
|                           |                                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                        |                                                                                                                                             | Family Operations                                                 |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurrin                                                                                                                                                                            | Outpatient Therapy including Group Sessions-Mental Healt<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-<br>(ISE); Assessment: Psychological Evaluation; Assessment                                                                                                  | occurring; Assessment: Pre-Trea                                                                                                             | ramily Sessions-<br>atment Assessment                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                         | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                           | Ü                                                                                                                                           |                                                                   |
| 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 En                                                                                                                                                                               | valuations; Adult Residential Services Dual Residential (M                                                                                                                                                                                                                        | H/SA); Adult Residential Service                                                                                                            | s Extended                                                        |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                   |
| Juvenile Services:        | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                   |
|                           | Clidia a Fac Caplas Hanning Inspained Dilinassal C                                                                                                                                                                         | ervices:                                                                                                                                                                                                                                                                          |                                                                                                                                             |                                                                   |
|                           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                           | c. 1.555,                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                                                   |

Other Services: Sliding Fee Scale; Bilingual Services;

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Mental Health Services:

| Name                                                                       | Agency                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                | Phone                                                                         | Fax                                                                   |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Stennis, Gladys                                                            | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                    | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                 | (402)905-6296                                                                 |                                                                       |
| Mental Health Services:<br>Juvenile Services:                              | Adult Assessment Services Substance Abuse Ev<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                       |
|                                                                            | Sliding Fee Scale; Oasis Counseling International                                                                                                                                                                                                                                                                                                                                                                              | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                             | (402)379-2030                                                                 | (402)379-3933                                                         |
| Stortvedt, Mark                                                            | Oasis Counseling International                                                                                                                                                                                                                                                                                                                                                                                                 | 333 W NOTIOIR AVE SIE 201 NOTIOIR NB 66701                                                                                                                                                                                                                                                                                                                             | (402)379-2030                                                                 | (402)379-3933                                                         |
| Substance Abuse Services:<br>Mental Health Services:                       | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                                                                                                                                                                                                | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); A                                                                                                                                                                                                                                                                                                          | dults who Sexually Harr                                                       | m Evaluation                                                          |
|                                                                            | Mental Health; Community Treatment Aide; Asse                                                                                                                                                                                                                                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>ssment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                         | atient Therapy including                                                      | Family Sessions-                                                      |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                       |
| Streff, Tobin                                                              | Oasis Counseling International                                                                                                                                                                                                                                                                                                                                                                                                 | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                             | (402)379-2030                                                                 |                                                                       |
|                                                                            | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Residential Service<br>Residential Services Intervention/Education; Juve                                                                                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education:<br>nt - Family; Adult Non-Residential Services Outpatient - Individual<br>ces Short Term Residential; Juvenile Assessment Services Substanile Non-Residential Services Outpatient - Groups; Juvenile Non-<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occu                        | l; Adult Non-Residential<br>ance Abuse Evaluations<br>-Residential Services O | Services Outpatient<br>s; Juvenile Non-<br>utpatient - Family;        |
| Juvenile Services:                                                         | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family S Mental Health; Outpatient Therapy - Co-occurring; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring |                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                       |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                       |
| Swain, Brittney                                                            | Women's Empowering Life Line                                                                                                                                                                                                                                                                                                                                                                                                   | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                        | (402)379-3622                                                                 |                                                                       |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                       |
| Other Services:<br>Wagner, Alicia                                          | Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                           | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                             | (402)370-3140                                                                 |                                                                       |
|                                                                            | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education: nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se Juvenile Non-Residential Services Outpatient - Groups; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring | l; Adult Non-Residential<br>ervices Substance Abus<br>Non-Residential Servic  | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |

| Name                      | Agency                                                                                                                                                                                                      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                      | Fax                                                                                             |  |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health;<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                 |  |  |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E                                                   | raluations; Adult Non-Residential Services Intervention/Edures Outpatient - Groups; Adult Non-Residential Services Out rvices Outpatient - Co-Occurring Treatment; Juvenile Asses ducation; Juvenile Non-Residential Services Outpatient - Gratient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tpatient - Family; Adult Non-Res<br>ssment Services Substance Abu<br>roups; Juvenile Non-Residentia                                        | sidential Services<br>use Evaluations;<br>Il Services Outpatien                                 |  |  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                 |  |  |
| Juvenile Services:        |                                                                                                                                                                                                             | Treatment: General Education Class; Outpatient Therapy -<br>ent Therapy including Family Sessions-Mental Health; Outp<br>Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            |                                                                                                 |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          | , and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second |                                                                                                                                            |                                                                                                 |  |  |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult N<br>ups; Adult Non-Residential Services Outpatient - Family; Ad<br>Occurring Treatment; Adult Non-Residential Services Intenservices Substance Abuse Evaluations; Juvenile Non-Reside<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lult Non-Residential Services Ou<br>ive Outpatient Treatment; Adult<br>ntial Services Intervention/Educ<br>Ion-Residential Services Outpat | utpatient - Individual;<br>Residential Services<br>cation; Juvenile Non-<br>tient - Individual; |  |  |
| Mental Health Services:   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                 |  |  |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                             | atient Therapy - Individual-Mental Health; Outpatient Thera<br>ental Health; Outpatient Therapy - Co-occurring; Intensive of<br>t Therapy-Co-occurring; Assessment: Pre-Treatment Asses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient: Intensive Outpatient                                                                                                           | Therapy-Mental                                                                                  |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                 |  |  |
| Zakrzewski-Grubb,         | Insight Therapy Services LLC                                                                                                                                                                                | 208 N 5th St Suite C Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)302-2590                                                                                                                              |                                                                                                 |  |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                            | raluations; Adult Non-Residential Services Intervention/Edu-<br>ent - Family; Adult Non-Residential Services Outpatient - Inc-<br>iervices Substance Abuse Evaluations; Juvenile Non-Resid<br>uvenile Non-Residential Services Outpatient - Family; Juver<br>to-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lividual; Adult Non-Residential Sential Services Intervention/Edu                                                                          | Services Outpatient -<br>ucation; Juvenile                                                      |  |  |
| Mental Health Services:   |                                                                                                                                                                                                             | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                 |  |  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                            | utpatient Therapy including Group Sessions-Mental Health;<br>g; Community Treatment Aide; Intensive Outpatient: Intensi<br>urring; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ve Outpatient Therapy-Mental F                                                                                                             |                                                                                                 |  |  |
|                           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                 |  |  |

| Name | Agency | Address | Phone | Fax |
|------|--------|---------|-------|-----|
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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Substance Abuse Services:  Mental Health Services:  Juvenile Services: C  Other Services: B | Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                             | 3230 W. Wildwood Dr. Grand Island NB 68801  Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N  307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                              | (308)224-3338<br>Non-Treatment: Fam<br>(308)324-6754                | illy Support Worker;<br>(308)324-5518                              |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| Mental Health Services:  Juvenile Services: C  Other Services: B  Avalos, Mayra             | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services; Region II- Human Services Non-Treatment: Professional Partner                           |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | ,                                                                  |
| Juvenile Services: C<br>Other Services: B<br>Avalos, Mayra                                  | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services; Region II- Human Services Non-Treatment: Professional Partner                           |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Other Services: B<br>Avalos, Mayra                                                          | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services; Region II- Human Services Non-Treatment: Professional Partner                           |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Other Services: B<br>Avalos, Mayra R                                                        | Bilingual Services; Region II- Human Services Non-Treatment: Professional Partner                                                                       | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                          | (308)324-6754                                                       | (308)324-5518                                                      |
| Avalos, Mayra R                                                                             | Region II- Human Services  Non-Treatment: Professional Partner                                                                                          | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                          | (308)324-6754                                                       | (308)324-5518                                                      |
|                                                                                             | Non-Treatment: Professional Partner                                                                                                                     | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                          | (308)324-6754                                                       | (308)324-5518                                                      |
| Substance Abuse Services:                                                                   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | _                                                                  |
| Cabolanco / Ibaco Con vicco.                                                                |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Mental Health Services:                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Juvenile Services: N                                                                        | Sliding Fee Scale: Bilingual Services:                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Other Services: S                                                                           | Silding I do Odale, Dillingual Services,                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Brandyberry, Kyle H                                                                         | Heartland Counseling                                                                                                                                    | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                           | (308)534-6029                                                       | (308)534-6961                                                      |
| G<br>C<br>N<br>Ji<br>S                                                                      | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>ht - Family; Adult Non-Residential Services Outpatient - Individual; A-<br>dervices Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring<br>bio-psychosocial): Co-Occurring | dult Non-Residential<br>ces Substance Abuse<br>n-Residential Servic | Services Outpatient<br>e Evaluations; Juver<br>es Outpatient - Fam |
| Juvenile Services: C<br>N<br>(1                                                             | Outpatient Therapy - Individual-Mental Health; Ou<br>Mental Health; Outpatient Therapy - Co-occurring<br>Medicaid); Assessment: Mental Status Exam (MS  | utpatient Therapy including Group Sessions-Mental Health; Outpatier; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                                  | nt Therapy including<br>ssessment: Pre-Trea                         | Family Sessions-<br>atment Assessment                              |
| Other Services: S                                                                           | Sliding Fee Scale; Hearing Impaired;                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Crawford, Makayla R                                                                         | Region II- Human Services                                                                                                                               | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                    | (308)284-6767                                                       | (308)284-3084                                                      |
| Substance Abuse Services:                                                                   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Mental Health Services:                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Juvenile Services: N                                                                        | Non-Treatment: Professional Partner                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Other Services: B                                                                           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |
| Fisher, Joel R                                                                              | Region II- Human Services                                                                                                                               | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                 | (308)539-1387                                                       | (308)532-1157                                                      |
| Substance Abuse Services:  Mental Health Services:                                          |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                    |

Juvenile Services: Non-Treatment: Professional Partner

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

| Name                      | Agency                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                                                                                                                   | Fax                                                                                                     |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                                            | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                  | (308)737-1351                                                                                                                                                           |                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                            | (bio-psychosocial); Co-Occurring; Adults who Sexually Harr                                                                                                                                                                                                                                                                                                                                                                                                | n Evaluation                                                                                                                                                            |                                                                                                         |
|                           | Outpatient Therapy including Family Sessions-Mi<br>Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                         | atient Therapy - Individual-Mental Health; Outpatient Therap<br>ental Health; Outpatient Therapy - Eating Disorder; Day Tre<br>nent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                         |                                                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Hageman, Wendy            | Beacon of Hope Counseling Center LLC                                                                                                                                                                                                                    | 308 W 4th St North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)532-0777                                                                                                                                                           |                                                                                                         |
|                           | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educ<br>es Outpatient - Groups; Adult Non-Residential Services Out<br>rvices Outpatient - Co-Occurring Treatment; Juvenile Asses<br>ducation; Juvenile Non-Residential Services Care Monitorin<br>ervices Outpatient - Family; Juvenile Non-Residential Service                                                                                                                                   | patient - Family; Adult Non-Resi<br>sment Services Substance Abu<br>g SA/MH; Juvenile Non-Reside                                                                        | idential Services<br>se Evaluations;<br>ntial Services                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                            | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                         |                                                                                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; der                                                                                                                                                                                                                                                                                                                                                                                             | Outpatient Therapy including Fa                                                                                                                                         | amily Sessions-                                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Hipple, George            | Greater Nebraska Monitoring, LLC                                                                                                                                                                                                                        | 105 W. 6th St. North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                      | (308)520-8308                                                                                                                                                           |                                                                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Mental Health Services:   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Juvenile Services:        | Contracted Services: Electronic Monitoring                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                         |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                               | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)481-5392                                                                                                                                                           |                                                                                                         |
| Substance Abuse Services: | A dedt A + O O - b - t Ab E-                                                                                                                                                                                                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |                                                                                                         |
|                           | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir          | raluations; Adult Non-Residential Services Intervention/Educ<br>ups; Adult Non-Residential Services Outpatient - Family; Adu<br>Occurring Treatment; Adult Non-Residential Services Intensi-<br>vices Short Term Residential; Juvenile Assessment Services<br>enile Non-Residential Services Outpatient - Groups; Juvenila<br>ndividual; Juvenile Non-Residential Services Outpatient - Co<br>e Non-Residential Services Partial Care; Juvenile Residenti | ult Non-Residential Services Ou<br>ve Outpatient Treatment; Adult<br>s Substance Abuse Evaluations<br>e Non-Residential Services Out<br>b-Occurring Treatment; Juvenile | tpatient - Individual<br>Residential Service<br>; Juvenile Non-<br>patient - Family;<br>Non-Residential |
| Mental Health Services:   | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir          | ups; Adult Non-Residential Services Outpatient - Family; Adu<br>Occurring Treatment; Adult Non-Residential Services Intensivices Short Term Residential; Juvenile Assessment Services<br>enile Non-Residential Services Outpatient - Groups; Juveniladividual; Juvenile Non-Residential Services Outpatient - Co                                                                                                                                          | ult Non-Residential Services Ou<br>ve Outpatient Treatment; Adult<br>s Substance Abuse Evaluations<br>e Non-Residential Services Out<br>b-Occurring Treatment; Juvenile | tpatient - Individual<br>Residential Service<br>; Juvenile Non-<br>patient - Family;<br>Non-Residential |
|                           | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir          | ups; Adult Non-Residential Services Outpatient - Family; Adu<br>Occurring Treatment; Adult Non-Residential Services Intensivices Short Term Residential; Juvenile Assessment Services<br>enile Non-Residential Services Outpatient - Groups; Juveniladividual; Juvenile Non-Residential Services Outpatient - Co                                                                                                                                          | ult Non-Residential Services Ou<br>ve Outpatient Treatment; Adult<br>s Substance Abuse Evaluations<br>e Non-Residential Services Out<br>b-Occurring Treatment; Juvenile | tpatient - Individual<br>Residential Service<br>; Juvenile Non-<br>patient - Family;<br>Non-Residential |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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                                |                                                                                                                            |                             |               |
|                           | Non-Treatment: Day Reporting; Non-Treatment:      | General Education Class                                                                                                    |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Martin, Kelly             | Touchstone                                        | 2633 P St Lincoln NB 68503                                                                                                 | (402)474-4343               | (402)474-6957 |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia  | al                                                                                                                         |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
| Juvenile Services:        |                                                   |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Romero, Ana               | Region II- Human Services                         | 307 East 5th Lexington NB 68850                                                                                            | (308)324-6754               |               |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
|                           | Non-Treatment: Professional Partner               |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices;                                                                                                                   |                             |               |
| Stermensky, Dr. Gage      |                                                   | 1811 Avenue A Scottsbluff NB 69361                                                                                         | (417)413-0085               | (308)832-4844 |
| Substance Abuse Services: |                                                   | valuations; Adult Non-Residential Services Outpatient - Groups                                                             |                             |               |
|                           | · ·                                               | ive Outpatient Treatment; Juvenile Assessment Services Sub<br>le Non-Residential Services Outpatient - Individual          | stance Aduse Evaluations;   | Juvenile Non- |
| Mental Health Services:   |                                                   | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm                                                                 | Evaluation; Psychological E | valuation     |
| Juvenile Services:        |                                                   | utpatient Therapy including Group Sessions-Mental Health; O                                                                |                             |               |
|                           |                                                   | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive of the Assessment (Medicaid); Assessment: Mental Status Exam ( |                             |               |
|                           | Assessment: Juvenile Who Sexually Harm Risk       |                                                                                                                            | ,,                          |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| Vak, Ashley               | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                   | (308)532-4860               | (308)532-1157 |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |
|                           | Non-Treatment: Professional Partner               |                                                                                                                            |                             |               |
| Other Services:           | Sliding Fee Scale;                                |                                                                                                                            |                             |               |
| White, Sarah              | Region II- Human Services                         | 110 N. Bailey North Platte NB 69103-1208                                                                                   | (308)532-4860               | (308)532-1157 |
| Substance Abuse Services: |                                                   |                                                                                                                            |                             |               |
| Mental Health Services:   |                                                   |                                                                                                                            |                             |               |

Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                      | Agency                                                             | Address                                                                                                                                                                                                 | Phone                  | Fax                   |
|---------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| Andrews, Megan            | Boys Town                                                          | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                              | (308)224-3338          |                       |
| Substance Abuse Services: |                                                                    |                                                                                                                                                                                                         |                        |                       |
| Mental Health Services:   |                                                                    |                                                                                                                                                                                                         |                        |                       |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                        | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care                                                                                                                                           | e; Non-Treatment: Fan  | nily Support Worker;  |
| Other Services:           | Bilingual 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                   | raluations; Adult Non-Residential Services Intervention/Education;<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                               |                        | Services Outpatient   |
|                           | Outpatient Therapy; Co-Occurring                                   |                                                                                                                                                                                                         |                        |                       |
| Juvenile Services:        |                                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpa                                                                                                                                        | tient Therapy - Eating | Disorder; Intensive   |
| Other Services:           | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; | Health; Assessment: Mental Status Exam (MSE)                                                                                                                                                            |                        |                       |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                   | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                    | (402)564-9994          | (402)562-6458         |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                   | ssessment Services Substance Abuse Evaluations; Adult Non-Res<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non<br>ent Treatment; Adult Residential Services Short Term Residential |                        |                       |
| Mental Health Services:   |                                                                    |                                                                                                                                                                                                         |                        |                       |
| Juvenile Services:        |                                                                    |                                                                                                                                                                                                         |                        |                       |
| 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: |                                                                    | valuations; Adult Non-Residential Services Intervention/Education;                                                                                                                                      |                        | Services Outpatient - |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                       | ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                    |                        |                       |
|                           | Non-Treatment: Anger Management Class; Non-                        | Treatment: General Education Class; Outpatient Therapy - Individuent Therapy including Family Sessions-Mental Health; Outpatient                                                                        |                        |                       |
| Other Services:           |                                                                    | nent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                    | ,, ,                   |                       |
| Couillard, Mary           | Mid-Plains Center for Behavioral<br>Healthcare Inc                 | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                    | (308)380-4695          | (308)385-1105         |
| Substance Abuse Services: |                                                                    |                                                                                                                                                                                                         |                        |                       |
| Mental Health Services:   |                                                                    |                                                                                                                                                                                                         |                        |                       |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)            | by-Mental Health; Assessment: Pre-Treatment Assessment (Medic                                                                                                                                           | aid); Assessment: Mer  | ital Status Exam      |
| 011                       |                                                                    |                                                                                                                                                                                                         |                        |                       |

| Name                      | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                            | Phone                                      | Fax                                         |  |  |
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| Frances, Sonya            | Compassionate Healing Counseling<br>Services Inc                                                                                                         | 1811 W 2nd St Suite 420 Grand Island NB 68803                                                                                                                                                                                                                                                                                      | (308)384-4617                              | (844)270-3023                               |  |  |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                    |                                            |                                             |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                 |                                            |                                             |  |  |
|                           | (Medicaid)                                                                                                                                               | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                                                                 | ent: Pre-Treatment                         | Assessment                                  |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                    |                                            |                                             |  |  |
| Franssen, Tracee          | Friendship House Inc                                                                                                                                     | 707 W 1st St Grand Island NB 68801                                                                                                                                                                                                                                                                                                 | (308)675-3345                              | (308)675-3342                               |  |  |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Intervention/Education; Juvenile Non-Re<br>Residential Services Outpatient - Co-Occurring T |                                                                                                                                                                                                                                                                                                                                    | ng Treatment; Juve                         | nile Non-Residential                        |  |  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             |                                                                                                                                                                                                                                                                                                                                    | . =                                        |                                             |  |  |
| Juvenile Services:        |                                                                                                                                                          | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: e-Treatment Assessment (Medicaid); Assessment: Co-Occurring                                                                                                               |                                            |                                             |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                    |                                            |                                             |  |  |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                         | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                               | (402)564-9994                              | (402)562-6458                               |  |  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                        | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Juvenile Assessment (samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult<br>Services Substance  | Non-Residential Abuse Evaluations;          |  |  |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                    |                                            |                                             |  |  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid)                                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                               | nt Therapy - Co-occi                       | urring; Assessment:                         |  |  |
| 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: | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                                       | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Resider<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                        | ng Treatment; Juve<br>ntial Services Outpa | nile Assessment<br>tient - Family; Juvenile |  |  |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                    |                                            |                                             |  |  |
|                           | Pre-Treatment Assessment (Medicaid)                                                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                               | nt Therapy - Co-occu                       | urring; Assessment:                         |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                    |                                            |                                             |  |  |

| Name                                          | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                              | Fax                                                                                                                |
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| Johnson, Jill                                 | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                      |                                                                                                                    |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residenting Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | esidential Services (<br>ient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individua<br>ilt Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Other Services:                               | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Jones, James                                  | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)429-1050                                                                                                      |                                                                                                                    |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Mental Health Services:                       | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Juvenile Services:                            | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Kennedy, Jr., William T.                      |                                                                                                                                                                                                                                                                    | 2267 N Webb Rd Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (308)390-6948                                                                                                      | (308)624-2164                                                                                                      |
|                                               |                                                                                                                                                                                                                                                                    | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                    | ult Non-Residential                                                                                                | 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:                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
|                                               | Intensive Outpatient: Intensive Outpatient Therap                                                                                                                                                                                                                  | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) y-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Di re-Treatment Assessment (Medicaid); Assessment: Mental Status Ex                                                                                                                                                                                                                                                                                          |                                                                                                                    | utpatient: Intensive                                                                                               |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Krejci, Ann                                   | Stephen Center                                                                                                                                                                                                                                                     | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)715-5453                                                                                                      | (402)715-5452                                                                                                      |
|                                               | Adult Non-Residential Services Outpatient - Fami<br>Occurring Treatment; Adult Non-Residential Servi<br>Services Extended Residential; Adult Residential                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Residential Services                                                                                               | S Outpatient - Co-                                                                                                 |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                     | bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
|                                               | Olidina Faa Caala                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                    |

| Name                      | Agency                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                    | Phone                                                               | Fax                                                                       |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------|
| McMinn-Rogers, Kimberly   | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                         | 914 Baumann Dr Grand Island NB 68803                                                                                                                                                                                                                                                                                                                       | (316)651-6080                                                       | (308)385-1105                                                             |
| Substance Abuse Services: |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                           |
| Mental Health Services:   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                           |
| Juvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap (MSE)                                                                                                    | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                           | ; Assessment: Ment                                                  | al Status Exam                                                            |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                           |
| Riley, Suzanne            | Suzanne Riley Counseling LLC                                                                                                                               | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                   | (308)398-0350                                                       | (308)398-0351                                                             |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;     | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential<br>es Substance Abuse<br>n-Residential Service | Services Outpatient -<br>Evaluations; Juvenile<br>es Outpatient - Family; |
| Mental Health Services:   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                           |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kinsl                                                                                                                                           | ntensive Outpatient:                                                | Intensive Outpatient                                                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                           |
| Stermensky, Dr. Gage      |                                                                                                                                                            | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                         | (417)413-0085                                                       | (308)832-4844                                                             |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                    | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation                                                                                          | Abuse Evaluations; J                                                | luvenile Non-                                                             |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S                                                                            | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatien<br>Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A                                                                                                                                             | t Therapy including nt: Intensive Outpati                           | Family Sessions-<br>ent Therapy-Youth                                     |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - Favices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co-   | amily; Adult Non-Re<br>vices Substance Ab<br>enile Non-Residenti    | sidential Services<br>use Evaluations;<br>al Services Outpatient          |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                            | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                         | nt Assessment (bio-                                                 | psychosocial); Co-                                                        |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non-                                                                                                                | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Co-Occurring                                                                                                                                                                                                | Mental Health; Outp                                                 | atient Therapy<br>Assessment: Pre-                                        |

| 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                                                                                    |
|                                                                                                      | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R<br>o-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dult Non-Residential<br>vices Intervention/Ed                                                                                            | Services Outpatient -<br>ducation; Juvenile                                                      |
| Mental Health Services:                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
| Juvenile Services:                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
| Other Services:                                                                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
| Weber, Kristi                                                                                        | Nebraska Mental Health Centers                                                                                                                                                                                                                                                                                                                                                                                          | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)759-3802                                                                                                                            | (402)759-3803                                                                                    |
| Substance Abuse Services:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
| Mental Health Services:                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
| Juvenile Services:                                                                                   | Outpatient Therapy - Individual-Mental Health; As Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                                                                                                                                                                                          | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | patient Psychiatric E                                                                                                                    | Evaluation;                                                                                      |
| Other Services:                                                                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
| Weber, Kristi                                                                                        | Weber Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                 | 942 N 13th Geneva NB 68361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)759-3802                                                                                                                            | (402)759-3803                                                                                    |
| Substance Abuse Services:                                                                            | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Treatment                                                                                                                                |                                                                                                  |
| Mental Health Services:                                                                              | Outpatient Therapy: Medication Evaluation: Juve                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                  |
|                                                                                                      | outpation, mountained and account of                                                                                                                                                                                                                                                                                                                                                                                    | nile Pre-Treatment Assessment (PTA);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oio-psychosocial)                                                                                                                        |                                                                                                  |
|                                                                                                      | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                       | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (t<br>utpatient Therapy including Family Sessions-Mental Health; Assessm<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent: Pre-Treatment                                                                                                                       |                                                                                                  |
| Juvenile Services:                                                                                   | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent: Pre-Treatment                                                                                                                       |                                                                                                  |
| Juvenile Services:                                                                                   | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Outpatient Psychiatric E                                                                                                                                                                                                                                                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent: Pre-Treatment                                                                                                                       |                                                                                                  |
| Juvenile Services:  Other Services:  White, Lisa  Substance Abuse Services:                          | Outpatient Therapy - Individual-Mental Health; 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                                                                                                                                              | utpatient Therapy including Family Sessions-Mental Health; Assessment: valuation; Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessment: Mental Exam (MSE); Assessm | ent: Pre-Treatment edication Management (308)383-1622  ult Non-Residential dult Non-Residential vices Intervention/Ec                    | Services Outpatient - Services Outpatient - ducation; Juvenile                                   |
| Juvenile Services:  Other Services:  White, Lisa  Substance Abuse Services:  Mental Health Services: | Outpatient Therapy - Individual-Mental Health; 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; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy including Family Sessions-Mental Health; Assessment: Valuation; Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Mental Status Examily; Adult Non-Residential Services Outpatient - Individual; And ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reside | ent: Pre-Treatment edication Management (308)383-1622  Ult Non-Residential dult Non-Residential vices Intervention/Edesidential Services | Services Outpatient -<br>Services Outpatient -<br>ducation; Juvenile<br>Outpatient - Individual; |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name         | Agency                                             | Address                              | Phone         | Fax |
|--------------|----------------------------------------------------|--------------------------------------|---------------|-----|
| Wright, Kara | Mid-Plains Center for Behavioral<br>Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)379-8613 |     |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam

(MSE)

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

| Name                                          | Agency                                                                                                      | Address                                                                                                                                                                                    | Phone                | Fax                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Arriaga, Ruby                                 | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               |                                                                                                             | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Arriaga-Velez, Brenda                         | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               | , , , ,                                                                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Baker, Guadalupe                              | Alcohol and Drug Addiction                                                                                  | 3321 Ave I Suite C Scottsbluff NB 69361                                                                                                                                                    | (308)631-1709        | (308)635-7412       |
| Mental Health Services:<br>Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential Se | ent - Family; Adult Non-Residential Services Outpatient - Individual; J<br>rvices Intervention/Education; Juvenile Non-Residential Services Ou<br>dential Services Outpatient - Individual |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Benesch, Kevin                                | HopeSpoke                                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                 | (402)475-7666        | (402)476-9623       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually F                                                        |                      |                     |
| Other Services:                               | Sliding Fee Scale;                                                                                          |                                                                                                                                                                                            |                      |                     |
| Chavez, Mario                                 | Optimal Family Preservation                                                                                 | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                       | (308)633-3703        | (308)633-3837       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | p Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment                                                                                                                              | : Day Reporting; Non | -Treatment: Evening |
| Other Services                                | Reporting; Non-Treatment: General Education C Bilingual Services;                                           | Iass                                                                                                                                                                                       |                      |                     |
| Outer Octalices.                              | Dilligual 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se | aluations; Adult Non-Residential Services Intervention/Educes Outpatient - Groups; Adult Non-Residential Services Outvices Outpatient - Co-Occurring Treatment; Adult Non-Residucation; Juvenile Non-Residential Services Care Monitorirervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatments. | tpatient - Family; Adult Non-Re<br>idential Services Intensive Ou<br>ng SA/MH; Juvenile Non-Resi<br>ces Outpatient - Individual; Ju | esidential Services<br>tpatient Treatment;<br>dential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                |
|                           | Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Co-Occurrin                                                                                                             | utpatient Therapy including Group Sessions-Mental Health;<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Menta<br>g                                                                                                                                                                                                 |                                                                                                                                     |                                                                |
| 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; A ervices Outpatient - Family; Juvenile Non-Residential Servi (bio-psychosocial); Co-Occurring                                                                                                                                                                   |                                                                                                                                     |                                                                |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Oc<br>Co-Occurring                                                                                                                                             | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                     | ; Outpatient Therapy - Co-occ                                                                                                       | urring; Assessment:                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                |
| Cooper, Penny             |                                                                                                                                                                                                               | 515 Elm St Bayard NB 69334                                                                                                                                                                                                                                                                                                    | (308)631-5523                                                                                                                       |                                                                |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                               | aluations; Adult Non-Residential Services Outpatient - Indiv<br>vices Outpatient - Individual                                                                                                                                                                                                                                 | vidual; Juvenile Assessment S                                                                                                       | ervices Substance                                              |
| Mental Health Services:   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                |
| Juvenile Services:        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                |
| Other Services:           | Hearing Impaired;                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                |
| Crouch, Samuel            |                                                                                                                                                                                                               | 120 E 16th St Suite C Scottsbluff NB 69361                                                                                                                                                                                                                                                                                    | (308)225-0500                                                                                                                       |                                                                |
|                           | Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               | vidual; Juvenile Assessment S                                                                                                       | ervices Substance                                              |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                              | utpatient Therapy including Group Sessions-Mental Health;<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Ass                                                                                                                                                                                                          |                                                                                                                                     | Family Sessions-                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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/Educatent - Individual; Juvenile Assessment Services Substance Abu<br>I Services Outpatient - Groups; Juvenile Non-Residential Serv | se Evaluations; Juvenile No  |                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment             | (bio-psychosocial); Co-Occurring                                                                                                                                                            |                              |                      |
| Juvenile Services:        |                                                          | Outpatient Therapy including Group Sessions-Mental Health; Onent Assessment (Medicaid); Assessment: Co-Occurring                                                                            | utpatient Therapy - Eating D | Disorder; Outpatient |
| Other Services:           | Sliding Fee Scale;                                       | month to occoment (moderate), recoording to                                                                                                                                                 |                              |                      |
| Crouch, Samuel            | Valley Youth Connections                                 | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                    | (308)225-0500                |                      |
| Substance Abuse Services: |                                                          |                                                                                                                                                                                             |                              |                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment             | (bio-psychosocial)                                                                                                                                                                          |                              |                      |
| Juvenile Services:        |                                                          | Outpatient Therapy - Individual-Mental Health; Outpatient Thera<br>lental Health; Intensive Outpatient: Intensive Outpatient Thera                                                          |                              |                      |
| Other Services:           | Sliding Fee Scale;                                       |                                                                                                                                                                                             |                              |                      |
| Duarte, Christine         | Valley Youth Connections                                 | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                    | (308)633-0110                | (308)633-0112        |
| Substance Abuse Services: |                                                          |                                                                                                                                                                                             |                              |                      |
| Mental Health Services:   |                                                          |                                                                                                                                                                                             |                              |                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre            | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                    |                              |                      |
| Other Services:           | Bilingual Services;                                      |                                                                                                                                                                                             |                              |                      |
| Estrada, Marcia           | Cirrus House Inc                                         | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                           | (308)635-2256                | (308)635-1271        |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa         | valuations; Adult Non-Residential Services Intervention/Education - Co-Occurring Treatment; Juvenile Assessment Service enile Non-Residential Services Outpatient - Individual; Juvenile    | s Substance Abuse Evaluat    | ions; Juvenile Non-  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-                                                                                                                                 | Treatment Assessment (bio    | -psychosocial); Co-  |
|                           | Outs at a Theorem Lady Salvet Mental Health O            | Outpatient Therapy including Family Sessions-Mental Health; C                                                                                                                               | Outpatient Therapy - Co-occi | urring; Assessment:  |
| Juvenile Services:        |                                                          | nent: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                    |                              |                      |
|                           |                                                          |                                                                                                                                                                                             |                              | -                    |
|                           | Pre-Treatment Assessment (Medicaid); Assessm             |                                                                                                                                                                                             | (308)633-2070                |                      |

Juvenile Services: Non-Treatment: Professional Partner

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                                                                                                                      | Fax                                                                                                 |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Hajek, Marilyn            | Destiny Counseling Services                                                                                                                                                                                                              | 1023 10th Ave Sidney NB 69162                                                                                                                                                                                                                                                                                                                                                                                                        | (308)254-0737                                                                                                                                                              |                                                                                                     |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie                                                                                                                                                                                          | valuations; Adult Non-Residential Services Outpatient - Grount - Individual; Adult Non-Residential Services Intensive Outsidential Services Outpatient - Groups; Juvenile Non-Reside                                                                                                                                                                                                                                                 | patient Treatment; Juvenile Ass                                                                                                                                            | essment Services                                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Hall, Anthony             | Cirrus House Inc                                                                                                                                                                                                                         | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                    | (308)635-1488                                                                                                                                                              |                                                                                                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                          | valuations; Adult Non-Residential Services Intervention/Educ<br>ent - Individual; Juvenile Assessment Services Substance Al<br>I Services Outpatient - Groups; Juvenile Non-Residential Se                                                                                                                                                                                                                                           | ouse Évaluations; Juvenile Non-                                                                                                                                            |                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                       | (402)481-5392                                                                                                                                                              |                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvurenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Educups; Adult Non-Residential Services Outpatient - Family; Ad Doccurring Treatment; Adult Non-Residential Services Intensvices Short Term Residential; Juvenile Assessment Services enile Non-Residential Services Outpatient - Groups; Juvenilndividual; Juvenile Non-Residential Services Outpatient - Colle Non-Residential Services Partial Care; Juvenile Residential | ult Non-Residential Services Ou<br>ive Outpatient Treatment; Adult<br>s Substance Abuse Evaluations;<br>e Non-Residential Services Outp<br>b-Occurring Treatment; Juvenile | tpatient - Individua<br>Residential Servic<br>Juvenile Non-<br>patient - Family;<br>Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                 | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                        | (402)429-1050                                                                                                                                                              |                                                                                                     |
|                           |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                     |

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class

Other Services: Sliding Fee Scale;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                         | Agency                                                                                           | Address                                                                                                                                                                                                                                                       | Phone                                                  | Fax                                     |
|----------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|
| Lane, Jeannine                               | McConaughy Discovery Center                                                                      | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                             | (308)284-4491                                          | (308)284-4100                           |
| Substance Abuse Services:                    |                                                                                                  |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Mental Health Services:                      |                                                                                                  |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Juvenile Services: 1                         | Non-Treatment: Family Support Worker                                                             |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Other Services: [                            | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Marquez, Jacque                              | Valley Youth Connections                                                                         | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                      | (308)633-0110                                          | (308)633-0112                           |
| Substance Abuse Services:                    |                                                                                                  |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Mental Health Services:                      |                                                                                                  |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Juvenile Services: 1                         | Non-Treatment: Family Support Worker; Non-Treatment: Family Support Worker; Non-Treatment (1997) | reatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                     |                                                        |                                         |
| Other Services: 1                            | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Raney, Sandra                                | Open Door                                                                                        | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                   | (308)225-4335                                          | (308)633-2020                           |
| (<br>F<br>Mental Health Services: (          | Co-Occurring Treatment; Juvenile Assessment<br>Residential Services Outpatient - Co-Occurring    | Evaluations; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential Treatment sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment                                            | Services Outpatient - In                               | dividual; Juvenile No                   |
| !<br>(                                       | Evening Reporting; Non-Treatment: Anger Man<br>Outpatient Therapy including Group Sessions-N     | reatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Tragement Class; Non-Treatment: General Education Class; Outpat<br>Mental Health; Outpatient Therapy including Family Sessions-Mentapy-Mental Health; Assessment: Pre-Treatment Assessment (Med | ient Therapy - Individual<br>al Health; Outpatient The | -Mental Health;<br>erapy - Co-occurring |
|                                              | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                               |                                                        |                                         |
| Rodriguez, Juanita                           | ACCS Inc                                                                                         | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                            | (308)633-1390                                          | (308)633-1393                           |
| Substance Abuse Services:                    |                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                             | · Adult Non-Residential                                |                                         |
|                                              |                                                                                                  | ient - Family; Adult Non-Residential Services Outpatient - Individu<br>ervices Intervention/Education; Juvenile Non-Residential Services<br>idential Services Outpatient - Individual                                                                         | al; Juvenile Assessment                                | Services Substance                      |
|                                              | Abuse Evaluations; Juvenile Non-Residential Se                                                   | ervices Intervention/Education; Juvenile Non-Residential Services                                                                                                                                                                                             | al; Juvenile Assessment                                | Services Substance                      |
| ( /<br>/<br>S<br>Mental Health Services:     | Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Res | ervices Intervention/Education; Juvenile Non-Residential Services                                                                                                                                                                                             | al; Juvenile Assessment<br>Outpatient - Groups; Juv    | Services Substance                      |
| Mental Health Services: Juvenile Services: 1 | Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Res | ervices Intervention/Education; Juvenile Non-Residential Services idential Services Outpatient - Individual                                                                                                                                                   | al; Juvenile Assessment<br>Outpatient - Groups; Juv    | Services Substance                      |

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                 | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                  | Phone         | Fax           |  |
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| Stermensky, Dr. Gage |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1811 Avenue A Scottsbluff NB 69361       | (417)413-0085 | (308)832-4844 |  |
|                      | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation                                               |                                          |               |               |  |
| Juvenile Services:   | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring |                                          |               |               |  |
| Other Services:      | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                        |               |               |  |
| Valdez, Juan         | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)633-0110 | (308)633-0112 |  |

Substance Abuse Services:

Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                          | Address                                                                                                                                                                                                                 | Phone                 | Fax                 |
|---------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| Andrews, Megan            | Boys Town                                                       | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                              | (308)224-3338         |                     |
| Substance Abuse Services: |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Juvenile Services:        |                                                                 | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                        | Non-Treatment: Fami   | ly Support Worker;  |
| Other Services:           | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services; |                                                                                                                                                                                                                         |                       |                     |
| Aschoff, Allison          | Women's Empowering Life Line                                    | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                         | (402)750-9660         |                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                 | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential  | Services Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                    | (bio-psychosocial); Co-Occurring                                                                                                                                                                                        |                       |                     |
| Juvenile Services:        |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Other Services:           | Sliding Fee Scale;                                              |                                                                                                                                                                                                                         |                       |                     |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                    | (402)564-9994         | (402)562-6458       |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                | ssessment Services Substance Abuse Evaluations; Adult Non-Residence; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                    |                       |                     |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Juvenile Services:        |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Other Services:           | Sliding Fee Scale;                                              |                                                                                                                                                                                                                         |                       |                     |
| Camacho, Diana            | Good Life Counseling & Support                                  | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                 | (402)371-3044         |                     |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier                | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out      | uations; Juvenile Non |                     |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker                            |                                                                                                                                                                                                                         |                       |                     |
| Other Services:           | Bilingual Services;                                             |                                                                                                                                                                                                                         |                       |                     |
| Casanova, Jaime           | Good Life Counseling & Support                                  | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                         | (402)417-5587         |                     |
| Substance Abuse Services: |                                                                 |                                                                                                                                                                                                                         |                       |                     |
| Mental Health Services:   |                                                                 |                                                                                                                                                                                                                         |                       |                     |

Other Services: Bilingual Services;

Juvenile Services: Non-Treatment: Family Support Worker

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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 Service<br>Outpatient - Co-Occurring Treatment; Adult Non-<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residential<br>Residential Services Intensive Outpatient Treatm                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ndividual; Adult Non-<br>al Services Short Ter<br>on; Juvenile Non-Re                                                            | Residential Services<br>rm Residential;<br>sidential Services                                                                                 |
| Mental Health Services:                                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                               |
|                                                                                       | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                         | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt Therapy - Co-occu                                                                                                             | urring; Assessment:                                                                                                                           |
| Other Services:                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                                                                                                               |
| Grabowski, Karen                                                                      | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                                    | (402)562-6458                                                                                                                                 |
| Substance Abuse Services:                                                             | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                                                                                                                                                                                                                 | raluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juv<br>al Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ring Treatment; Adult<br>Services Substance                                                                                      | Non-Residential<br>Abuse Evaluations;                                                                                                         |
| Mental Health Services:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                                                                                                               |
| Juvenile Services:                                                                    | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                 | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt Therapy - Co-occu                                                                                                             |                                                                                                                                               |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | urring; Assessment:                                                                                                                           |
| Other Services:                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | urring; Assessment:                                                                                                                           |
| Other Services:                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                    | urring; Assessment:                                                                                                                           |
| Johnson, Jill                                                                         | Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Cual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvu Juvenile Non-Residential Services Outpatient - Ir                                                                    | 1640 Lake St. Lincoln NB 68501 raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lult Non-Residential Sesidential Services Contient Treatment; Adunce Abuse Evaluation sidential Services Outg Treatment; Juvenil | Services Partial Care Dutpatient - Individual It Residential Service Is; Juvenile Non- utpatient - Family; Ie Non-Residential                 |
| Johnson, Jill                                                                         | Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Serv Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; Acups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juven | lult Non-Residential Sesidential Services Contient Treatment; Adunce Abuse Evaluation sidential Services Outg Treatment; Juvenil | Services Partial Care Dutpatient - Individual It Residential Service s; Juvenile Non- utpatient - Family; le Non-Residential                  |
| Johnson, Jill Substance Abuse Services:                                               | Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile            | raluations; Adult Non-Residential Services Intervention/Education; Acups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juven | lult Non-Residential Sesidential Services Contient Treatment; Adunce Abuse Evaluation sidential Services Outg Treatment; Juvenil | Services Partial Care Dutpatient - Individual It Residential Service Is; Juvenile Non- utpatient - Family; Ie Non-Residential                 |
| Johnson, Jill  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Sliding Fee Scale;  Bryan Independence Center  Adult Assessment Services Substance Abuse Ev Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile            | raluations; Adult Non-Residential Services Intervention/Education; Acups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantial Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential; Juven | lult Non-Residential Sesidential Services Contient Treatment; Adunce Abuse Evaluation sidential Services Outg Treatment; Juvenil | Services Partial Care;<br>Dutpatient - Individual<br>It Residential Service<br>is; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |

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                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Kennedy, Jenna                                                                                                                                           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                    | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                | (402)370-3140                                                                                                          |                                                                                       |
| Substance Abuse Services:                                                                                                                                | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpati                                                                                                                                                                                                                                                                                                                                                | ssessment Services Substance Abuse Evaluations; Adult Non-Resid<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | tesidential Services Cuvenile Assessment S                                                                             | outpatient - Individual<br>Services Substance                                         |
| Mental Health Services:                                                                                                                                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                       |
| Juvenile Services:                                                                                                                                       | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                       |
| Other Services:                                                                                                                                          | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                                                                                                   | ervices;                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                       |
| Kiuntke, Jean                                                                                                                                            | Discovery Counseling, LLC                                                                                                                                                                                                                                                                                                                                                                                                                           | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                                                                                             | (402)606-3084                                                                                                          | (402)606-4693                                                                         |
| Substance Abuse Services:                                                                                                                                | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                     | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Eva<br>Services Outpatient - Groups; Juvenile Non-Residential Services Ou                                                                                                                              | luations; Juvenile No                                                                                                  |                                                                                       |
| Mental Health Services:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                       |
| Juvenile Services:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                       |
| Other Services:                                                                                                                                          | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                       |
| Krejci, Ann                                                                                                                                              | Stephen Center                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                             | (402)715-5453                                                                                                          | (402)715-5452                                                                         |
| Substance Abuse Services:                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | aluations; Adult Non-Residential Services Partial Care; Adult Non-Reily; Adult Non-Residential Services Outpatient - Individual; Adult Non                                                                                                                                                                                                |                                                                                                                        |                                                                                       |
| Mental Health Services:                                                                                                                                  | Services Extended Residential; Adult Residential                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           | I Residential (MH/SA                                                                                                   |                                                                                       |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Services Short Term Residential                                                                                                                                                                                                                                                                                                           | I Residential (MH/SA                                                                                                   |                                                                                       |
| Juvenile Services:                                                                                                                                       | Services Extended Residential; Adult Residential                                                                                                                                                                                                                                                                                                                                                                                                    | Services Short Term Residential                                                                                                                                                                                                                                                                                                           | l Residential (MH/SA                                                                                                   |                                                                                       |
| Juvenile Services:<br>Other Services:                                                                                                                    | Services Extended Residential; Adult Residential<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                    | Services Short Term Residential                                                                                                                                                                                                                                                                                                           | I Residential (MH/SA)                                                                                                  |                                                                                       |
| Juvenile Services:<br>Other Services:                                                                                                                    | Services Extended Residential; Adult Residential<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                              | Services Short Term Residential (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                          | `                                                                                                                      |                                                                                       |
| Juvenile Services:<br>Other Services:<br>Roberts, Kristine                                                                                               | Services Extended Residential; Adult Residential<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                              | Services Short Term Residential (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                          | `                                                                                                                      |                                                                                       |
| Juvenile Services: Other Services: Roberts, Kristine Substance Abuse Services: Mental Health Services:                                                   | Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Nebraska Mediation Center                                                                                                                                                                                                                                                                                                          | Services Short Term Residential (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                          | (402)753-9415                                                                                                          |                                                                                       |
| Juvenile Services: Other Services: Roberts, Kristine Substance Abuse Services: Mental Health Services: Juvenile Services:                                | Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Nebraska Mediation Center                                                                                                                                                                                                                                                                                                          | Services Short Term Residential (bio-psychosocial); Co-Occurring  435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                  | (402)753-9415                                                                                                          |                                                                                       |
| Juvenile Services: Other Services: Roberts, Kristine Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                | Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Nebraska Mediation Center  Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                                                                                                                          | Services Short Term Residential (bio-psychosocial); Co-Occurring  435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                  | (402)753-9415                                                                                                          |                                                                                       |
| Juvenile Services: Other Services: Roberts, Kristine Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Walton, Robert | Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Nebraska Mediation Center  Non-Treatment: Juvenile Offender/Victim and Co Sliding Fee Scale; Bilingual Services;  AMH Counseling  Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | Services Short Term Residential (bio-psychosocial); Co-Occurring  435 N Park, 4th Floor Fremont NB 68025  Inflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                             | (402)753-9415  e (402)841-3791  dult Non-Residential S Family; Adult Non-Re ervices Substance Ab evenile Non-Residenti | (402)563-2728 Services Care sidential Services use Evaluations; al Services Outpatier |

| Name                      | Agency                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                           | Phone                                       | Fax                                      |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| Juvenile Services:        |                                                                                                                                                                                                   | Treatment: General Education Class; Outpatient Therapy - Individua<br>ent Therapy including Family Sessions-Mental Health; Outpatient Tl                                                                                                                                                                          |                                             |                                          |
| Other Services:           | Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale;                                                                                                                                   | Co-Occurring                                                                                                                                                                                                                                                                                                      |                                             | •                                        |
| 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<br>Co-Occurring Treatment; Juvenile Assessment Science                                                                                           | aluations; Adult Non-Residential Services Intervention/Education; A<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Se<br>evenile Non-Residential Services Outpatient - Family; Juvenile Non-<br>o-Occurring Treatment | Adult Non-Residentia rvices Intervention/Ed | Services Outpatient ducation; Juvenile   |
| Mental Health Services:   |                                                                                                                                                                                                   | · ·                                                                                                                                                                                                                                                                                                               |                                             |                                          |
| 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 Eva                                                                                                                                                     | aluations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                               | Treatment                                   |                                          |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juver                                                                                                                                                  | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                                                                                                                                                                                                     | (bio-psychosocial)                          |                                          |
| Juvenile Services:        |                                                                                                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Assessivaluation; Assessment: Mental Status Exam (MSE); Assessment: N                                                                                                                                                                                  |                                             |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                                             |                                          |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                              | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                                                                                                        | (308)383-1622                               |                                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel<br>Co-Occurring Treatment; Juvenile Assessment Sonon-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co |                                                                                                                                                                                                                                                                                                                   | Adult Non-Residentia rvices Intervention/Ed | Services Outpatient - ducation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment ( Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                | ent Therapy including                       | Family Sessions-                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                | , Assessment. Our Occurring                                                                                                                                                                                                                                                                                       |                                             |                                          |

| 1                                                                                                                                                                 | T                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
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| 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 Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment                                                                                                           | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential Se<br>les Substance Abuse Ev<br>n-Residential Services ( | rvices Outpatient -<br>valuations; Juvenil<br>Outpatient - Family |
|                                                                                                                                                                   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                                                                                        | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                   |
|                                                                                                                                                                   | Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Outpatier<br>ient: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nt Therapy - Co-occurrir                                                      | ng; Assessment:                                                   |
| Other Services:                                                                                                                                                   | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
| Austen, Robin                                                                                                                                                     | Region V Systems-Behavioral Health Authority                                                                                                                                                                                                                                                                                                          | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)471-4326                                                                 |                                                                   |
| Substance Abuse Services:                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
| Mental Health Services:                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
| Juvenile Services:                                                                                                                                                | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
| 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:                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
|                                                                                                                                                                   | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                   |
|                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)461-4960                                                                 |                                                                   |
| Other Services:  Dirks, Tamara  Substance Abuse Services:                                                                                                         | Sliding Fee Scale;  Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien                                                                                                                                                                                                                                    | 515 Washington St Sterling NB 68443 raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | vices Outpatient -                                                |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:                                                                                | Sliding Fee Scale;  Adult Assessment Services Substance Abuse Everage Groups; Adult Non-Residential Services Outpatients                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | vices Outpatient -                                                |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                            | Sliding Fee Scale;  Adult Assessment Services Substance Abuse Everage Groups; Adult Non-Residential Services Outpatien                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | vices Outpatient -                                                |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                            | Sliding Fee Scale;  Adult Assessment Services Substance Abuse Everage Groups; Adult Non-Residential Services Outpatients                                                                                                                                                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | vices Outpatient -                                                |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                            | Sliding Fee Scale;  Adult Assessment Services Substance Abuse Everage Groups; Adult Non-Residential Services Outpatien                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | vices Outpatient -                                                |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Dirks, Tamara                            | Adult Assessment Services Substance Abuse Eva<br>Groups; Adult Non-Residential Services Outpatien<br>Sliding Fee Scale;<br>Alcohol & Drug Solutions<br>Adult Assessment Services Substance Abuse Eva<br>Monitoring SA/MH; Adult Non-Residential Services                                                                                              | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ult Non-Residential Sen (402)461-4960 ult Non-Residential Sen                 | vices Care<br>ential Services                                     |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Dirks, Tamara  Substance Abuse Services: | Adult Assessment Services Substance Abuse Everagroups; Adult Non-Residential Services Outpatients  Sliding Fee Scale;  Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse Everage Monitoring SA/MH; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services                                           | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual  2109 S 24th St Lincoln NB 68502  aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential S | ult Non-Residential Sen (402)461-4960 ult Non-Residential Sen                 | vices Care<br>ential Services                                     |
| Other Services:  Dirks, Tamara  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Dirks, Tamara  Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva<br>Groups; Adult Non-Residential Services Outpatien<br>Sliding Fee Scale;<br>Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse Eva<br>Monitoring SA/MH; Adult Non-Residential Services<br>Outpatient - Individual; Adult Non-Residential Services<br>Outpatient Therapy; Co-Occurring | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual  2109 S 24th St Lincoln NB 68502  aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential Services Outpatient - Foroups; Adult Non-Residential S | ult Non-Residential Sen (402)461-4960 ult Non-Residential Sen                 | vices Care<br>ential Services                                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                                                 | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                   | Fax                                                                                                                |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Doehling, Raechel                                    | Houses of Hope                                                                                                                                                                                                                                                     | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)435-3165                                                                                                           |                                                                                                                    |
| Substance Abuse Services:                            | Adult Residential Services Halfway-House                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Mental Health Services:                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Johnson, Jill                                        | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                           |                                                                                                                    |
|                                                      | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Acups; Adult Non-Residential Services Outpatient - Family; Adult Non-Roccurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individua<br>Ilt Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Juvenile Services:                                   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Other Services:                                      | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Jones, James                                         | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)429-1050                                                                                                           |                                                                                                                    |
| Substance Abuse Services:                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Mental Health Services:                              | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
|                                                      | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                                       | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                    |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Maher, Nicole                                        | Blue Valley Behavioral Health                                                                                                                                                                                                                                      | 820 Central Suite 4 Auburn NB 68305                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)274-4373                                                                                                           | (402)274-5442                                                                                                      |
| Substance Abuse Services:                            | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile                                                                                                                                                                 | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>e Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                | ring Treatment; Juve<br>idential Services Out                                                                           | nile Assessment                                                                                                    |
| Mental Health Services:                              | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                    |
|                                                      | •                                                                                                                                                                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                          | ent Therapy - Co-occ                                                                                                    | urring; Assessment:                                                                                                |
| Other Services:                                      | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                    |
| Martin, Kelly                                        | Touchstone                                                                                                                                                                                                                                                         | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)474-4343                                                                                                           | (402)474-6957                                                                                                      |
| Substance Abuse Services:<br>Mental Health Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                                                   | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                                                                                                                    |

| Name                                                                                                                           | Agency                                                                                                                                                                                                                                                                         |                                                                    | Address                                                                                                                                                          | Phone                                                                                                     | Fax                                     |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Schmidt, Sharon                                                                                                                | The Resolution Center                                                                                                                                                                                                                                                          | 120 South 5th S                                                    | treet Beatrice NB 68310                                                                                                                                          | (402)223-6061                                                                                             | (402)223-6625                           |
| Substance Abuse Services:                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                  |                                                                                                           |                                         |
| Mental Health Services:                                                                                                        |                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                  |                                                                                                           |                                         |
| Juvenile Services:                                                                                                             | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                                                                                                 | onflict Mediation; Nor                                             | n-Treatment: Expedited Family Group Co                                                                                                                           | onference                                                                                                 |                                         |
| Other Services:                                                                                                                | Sliding Fee Scale;                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                                                  |                                                                                                           |                                         |
| Threats, Deb                                                                                                                   | Associates in Counseling & Treatment                                                                                                                                                                                                                                           | 600 North Cotne                                                    | er, Ste.119 Lincoln NB 68505                                                                                                                                     | (402)261-6667                                                                                             | (402)261-6526                           |
| Substance Abuse Services:                                                                                                      | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                | ,                                                                  |                                                                                                                                                                  | •                                                                                                         | Services Outpatient                     |
| Mental Health Services:                                                                                                        |                                                                                                                                                                                                                                                                                | ,,                                                                 |                                                                                                                                                                  |                                                                                                           |                                         |
| 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<br>Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                | valuations; Adult Nor                                              | n-Residential Services Intervention/Educ                                                                                                                         | ation; Adult Non-Residential                                                                              | Services Outpatient                     |
| Substance Abuse Services:                                                                                                      | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                   | valuations; Adult Nor<br>ent - Individual; Adult                   | n-Residential Services Intervention/Educ<br>Non-Residential Services Intensive Out                                                                               | ation; Adult Non-Residential                                                                              | Services Outpatient                     |
| Substance Abuse Services:                                                                                                      | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | valuations; Adult Nor<br>ent - Individual; Adult                   | n-Residential Services Intervention/Educ<br>Non-Residential Services Intensive Out                                                                               | ation; Adult Non-Residential                                                                              | Services Outpatient                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                         | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | valuations; Adult Nor<br>ent - Individual; Adult                   | n-Residential Services Intervention/Educ<br>Non-Residential Services Intensive Out                                                                               | ation; Adult Non-Residential                                                                              | Services Outpatient                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                         | Adult Assessment Services Substance Abuse Ex<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | valuations; Adult Nor<br>ent - Individual; Adult                   | n-Residential Services Intervention/Educ<br>Non-Residential Services Intensive Out                                                                               | ation; Adult Non-Residential                                                                              | Services Outpatient                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  White, Nichole                        | Adult Assessment Services Substance Abuse Ex<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale;<br>Blue Valley Behavioral Health<br>Adult Assessment Services Substance Abuse Ex | valuations; Adult Norent - Individual; Adult (bio-psychosocial); ( | n-Residential Services Intervention/Educ<br>t Non-Residential Services Intensive Out<br>Co-Occurring  Beatrice NB 68310 n-Residential Services Intervention/Educ | ation; Adult Non-Residential spatient Treatment; Adult Res  (402)228-3386  ation; Adult Non-Residential s | Services Outpatien idential Services    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  White, Nichole                        | Adult Assessment Services Substance Abuse Ex<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale;<br>Blue Valley Behavioral Health                                                 | valuations; Adult Norent - Individual; Adult (bio-psychosocial); ( | n-Residential Services Intervention/Educ<br>t Non-Residential Services Intensive Out<br>Co-Occurring  Beatrice NB 68310 n-Residential Services Intervention/Educ | ation; Adult Non-Residential spatient Treatment; Adult Res  (402)228-3386  ation; Adult Non-Residential s | Services Outpatien idential Services    |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: White, Nichole Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessment<br>Sliding Fee Scale;<br>Blue Valley Behavioral Health<br>Adult Assessment Services Substance Abuse Ex | valuations; Adult Norent - Individual; Adult (bio-psychosocial); ( | n-Residential Services Intervention/Educ<br>t Non-Residential Services Intensive Out<br>Co-Occurring  Beatrice NB 68310 n-Residential Services Intervention/Educ | ation; Adult Non-Residential spatient Treatment; Adult Res  (402)228-3386  ation; Adult Non-Residential s | Services Outpatien<br>idential Services |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Services Intensive Outpatient Treatment; Juvenile Non-Residential

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                |                                                         | Phone                                                     | Fax                                           |
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| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                   | (402                                                    | 2)564-9994                                                | (402)562-6458                                 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssessment Services Substance Abuse Evaluations;<br>ips; Adult Non-Residential Services Outpatient - Fal<br>ent Treatment; Adult Residential Services Short Tel                                                         | mily; Adult Non-Resider                                 |                                                           | •                                             |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
| Betka, Cindy              | FGH Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 942 N 13th St. Geneva NB 68361                                                                                                                                                                                         | (402                                                    | 2)879-5959                                                | (402)759-3803                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervent<br>nt - Family; Adult Non-Residential Services Outpati                                                                                                             |                                                         | n-Residential S                                           | ervices Outpatient -                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Treatment: General Education Class; Outpatient The ent Therapy including Family Sessions-Mental Heatent Assessment (Medicaid); Assessment: Co-Occu                                                                     | lth; Outpatient Therapy                                 |                                                           |                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ioni / ioocoomoni (iviodicala), / ioocoomonii. Oo ooco                                                                                                                                                                 | armig                                                   |                                                           |                                               |
| Hargis, Kirsten           | Pathfinder Support Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 620 N St Joseph Ave Suite 2 and 3. Hasting                                                                                                                                                                             | gs NB 68901 (402                                        | 2)460-9851                                                |                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | atment: Day Reporting; Non-Treatment: Evening R                                                                                                                                                                        | eporting; Non-Treatmen                                  | nt: Family Partne                                         | er                                            |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                         |                                                           |                                               |
| Holeman, Krista           | Brodstone Memorial Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 520 E 10th St Superior NB 68978                                                                                                                                                                                        | (402                                                    | 2)207-1542                                                | (402)207-1013                                 |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                  | ient - Individual; Adult No<br>n-Residential Services I | on-Residential S<br>Intervention/Edu                      | Services Outpatient -<br>ucation; Juvenile    |
| Mental Health Services:   | 1 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , , ,                                                                                                                                                                                                                  |                                                         |                                                           | - " 0 .                                       |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                        | Health; Outpatient The                                  | erapy including F                                         | amily Sessions-                               |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ervices;                                                                                                                                                                                                               |                                                         |                                                           |                                               |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                         | (402                                                    | 2)481-5392                                                |                                               |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Groundful Services Outpatient - Groundful Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult Residential Services Outpatient - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Country (MH/SA); Adult - Co-Count | aluations; Adult Non-Residential Services Intervent<br>ips; Adult Non-Residential Services Outpatient - Far<br>Occurring Treatment; Adult Non-Residential Service<br>rices Short Term Residential; Juvenile Assessment | mily; Adult Non-Resider<br>s Intensive Outpatient T     | ntial Services Or<br>Freatment; Adult<br>ouse Evaluations | utpatient - Individual<br>Residential Service |

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

| Name                      | Agency                                                                                             | Address                                                                                                                                                                                                                                                                                                | Phone                                      | Fax                                         |
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|                           | Services Partial Care; Juvenile Residential Services                                               | ces Short Term Residential                                                                                                                                                                                                                                                                             | <u>'</u>                                   |                                             |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                                                        |                                            |                                             |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                                                                                                                                        |                                            |                                             |
| Other Services:           | 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;                                                                                 |                                                                                                                                                                                                                                                                                                        |                                            |                                             |
| 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                                                       | valuations; Juvenile Assessment Services Substance Abuse Evaluat                                                                                                                                                                                                                                       | ions                                       |                                             |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring                                          | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr                                                                                                                                                                                                                                      | nent Assessment (bio                       | o-psychosocial); Co-                        |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; N                                                    | Ion-Treatment: Supervised Visitation; Outpatient Therapy - Individua<br>ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring;                                                                                                                                                             |                                            |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                 | ioc), Assessment. Of Occurring                                                                                                                                                                                                                                                                         |                                            |                                             |
| Weber, Kristi             | Weber Behavioral Health                                                                            | 942 N 13th Geneva NB 68361                                                                                                                                                                                                                                                                             | (402)759-3802                              | (402)759-3803                               |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                       | raluations; Adult Non-Residential Services Outpatient - Co-Occurrin                                                                                                                                                                                                                                    | g Treatment                                |                                             |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                    | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                                                                                                                                                                                          | (bio-psychosocial)                         |                                             |
| Juvenile Services:        |                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Assess<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessment: N                                                                                                                                                                   |                                            |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                                                        |                                            |                                             |
| White, Lisa               | Horizon Recovery & Counseling Center                                                               | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                                                                                                                             | (308)383-1622                              |                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S   | valuations; Adult Non-Residential Services Intervention/Education; A cent - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Seuvenile Non-Residential Services Outpatient - Family; Juvenile Non-Co-Occurring Treatment | Adult Non-Residentia rvices Intervention/E | l Services Outpatient<br>ducation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                  |                                            |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpation; Assessment: Co-Occurring                                                                                                                                                                                                          | ent Therapy including                      | Family Sessions-                            |
| Other Services:           | Sliding Fee Scale;                                                                                 | -<br>-                                                                                                                                                                                                                                                                                                 |                                            |                                             |

| Name                                               | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                       | Fax                                                                |
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| Attoungble, Ashley                                 | Blue Valley Behavioral Health                                                                                                     | 1903 4th Corso Nebraska City NB 68410                                                                                                                                                                                                                                                                                                                                                                             | (402)873-5505                                                               |                                                                    |
| Substance Abuse Services:                          | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Se<br>ces Substance Abuse E<br>on-Residential Services | rvices Outpatient -<br>valuations; Juvenile<br>Outpatient - Family |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                    |
|                                                    | Pre-Treatment Assessment (Medicaid); Assessm                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Outpation<br>lent: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                  | ent Therapy - Co-occurrio                                                   | ng; Assessment:                                                    |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
| Austen, Robin                                      | Region V Systems-Behavioral Health<br>Authority                                                                                   | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                    | (402)471-4326                                                               |                                                                    |
| Substance Abuse Services:                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
| Mental Health Services:                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
| Juvenile Services:                                 | Non-Treatment: Professional Partner                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
| 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;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
| Denney, Rachel                                     | Parallels                                                                                                                         | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                | (402)730-6802                                                               |                                                                    |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S                                | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment                                                                                                                                                                                                                             |                                                                             |                                                                    |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Or                                                                                 | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                               | ent Therapy - Co-occurri                                                    | ng                                                                 |
| 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; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                                                                      | Family; Adult Non-Resid                                                     | ential Services                                                    |
| Mental Health Services:                            | Outpatient Therapy; Co-Occurring                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
| Juvenile Services:                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |
|                                                    | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                               | Agency                                                                                                | Address                                                                                                                                                                                                                                                       | Phone                                                      | Fax                                       |
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| Dirks, Tamara                                      |                                                                                                       | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                           | (402)461-4960                                              |                                           |
| Substance Abuse Services:  Mental Health Services: |                                                                                                       | valuations; Adult Non-Residential Services Intervention/Educati<br>ent - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                          |                                                            | Services Outpatient                       |
| Juvenile Services:                                 |                                                                                                       |                                                                                                                                                                                                                                                               |                                                            |                                           |
|                                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                               |                                                            |                                           |
| Doehling, Raechel                                  | Houses of Hope                                                                                        | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                           | (402)435-3165                                              |                                           |
| Substance Abuse Services:  Mental Health Services: | Adult Residential Services Halfway-House                                                              |                                                                                                                                                                                                                                                               |                                                            |                                           |
| Juvenile Services:                                 |                                                                                                       |                                                                                                                                                                                                                                                               |                                                            |                                           |
|                                                    | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                               |                                                            |                                           |
|                                                    | onding recocale,                                                                                      |                                                                                                                                                                                                                                                               |                                                            |                                           |
| Elnour, Safaa                                      | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                    | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                      | (319)594-4183                                              |                                           |
| Substance Abuse Services:                          |                                                                                                       |                                                                                                                                                                                                                                                               |                                                            |                                           |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                               |                                                            |                                           |
|                                                    |                                                                                                       | tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                | า                                                          |                                           |
| Other Services:                                    | Bilingual Services;                                                                                   |                                                                                                                                                                                                                                                               |                                                            |                                           |
| Giles, Nicholas                                    | Counseling Affiliates of Nebraska                                                                     | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                   | (402)488-0077                                              | (402)488-0017                             |
| Substance Abuse Services:                          |                                                                                                       | valuations; Adult Non-Residential Services Intervention/Educati<br>ent - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                          |                                                            |                                           |
| Mental Health Services:                            |                                                                                                       | Treatment Assessment (bio-psychosocial); Co-Occurring; Adul                                                                                                                                                                                                   | ts who Sexually Harm Eval                                  | uation; Psychologic                       |
| Juvenile Services:                                 | Mental Health; Outpatient Therapy - Youth Who<br>Health; Intensive Outpatient: Intensive Outpatien    | utpatient Therapy including Group Sessions-Mental Health; Ou<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O<br>t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte<br>aid); Assessment: Mental Status Exam (MSE); Assessment: Ps  | outpatient: Intensive Outpat<br>ensive Outpatient Therapy- | ient Therapy-Menta<br>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<br>Outpatient Treatment; Juvenile Assessment Services | valuations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Individuals inces Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-patient Treatment | dual; Adult Non-Residential<br>Services Intervention/Educ  | Services Intensive<br>ation; Juvenile Non |
| Mental Health Services:                            |                                                                                                       |                                                                                                                                                                                                                                                               |                                                            |                                           |
| Juvenile Services:                                 | Non-Treatment: General Education Class                                                                |                                                                                                                                                                                                                                                               |                                                            |                                           |
|                                                    |                                                                                                       |                                                                                                                                                                                                                                                               |                                                            |                                           |

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone                                                                                                               | Fax                                                                                                                  |  |  |
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|                           | 3 ,                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |
| Gonzalez, Beatriz         | BG Counseling and Consulting                                                                                                                                                                                                                           | 1941 S 42nd St Suite 107 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)212-0027                                                                                                       | (402)300-1869                                                                                                        |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        | cation; Adult Non-Residential Services Outpatient - Family; Adult Non<br>ince Abuse Evaluations; Juvenile Non-Residential Services Interventi<br>dential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                                                                                      |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid);                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                      |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |
| Hall, John                | Complete Family Treatment Services                                                                                                                                                                                                                     | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)325-1290                                                                                                       |                                                                                                                      |  |  |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Family; Adult - Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                     | dult Non-Residential<br>es Substance Abuson-Residential<br>N-Residential Servic                                     | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil                                                |  |  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                      |  |  |
|                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | 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;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                              | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)481-5392                                                                                                       |                                                                                                                      |  |  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir                    | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction; Adult Non-Reduction Treatment; Adult Non-Residential Services Intensive Outparvices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Reductional; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual<br>Ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                      |  |  |

| 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 Outpatiel<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juve<br>SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services E enile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment  | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Resi | Services Outpatient<br>/SA); Adult<br>ices Care Monitoring<br>dential Services |
| Mental Health Services:                                                                                                       | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                |
| Juvenile Services:                                                                                                            | Outpatient Therapy - Co-occurring; Intensive Outp                                                                                                                                                          | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |
| Other Services:                                                                                                               | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                |
| Krejci, Ann                                                                                                                   | Stephen Center                                                                                                                                                                                             | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5453                                                                                | (402)715-5452                                                                  |
| Mental Health Services:                                                                                                       | Adult Non-Residential Services Outpatient - Fami                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Residential Services                                                                         | Outpatient - Co-                                                               |
| Juvenile Services:                                                                                                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                |
|                                                                                                                               | •                                                                                                                                                                                                          | 0000 D 04 Linearly ND 00500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (400) 474 4040                                                                               | (400) 474 0057                                                                 |
| Martin, Kelly                                                                                                                 | Touchstone                                                                                                                                                                                                 | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)474-4343                                                                                | (402)474-6957                                                                  |
|                                                                                                                               | Adult Residential Services Short Term Residentia                                                                                                                                                           | al Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con |                                                                                              |                                                                                |
| Mental Health Services:                                                                                                       |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                |
| Juvenile Services:                                                                                                            |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                |
| Other Services:                                                                                                               | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                |
| N. I. D. 11                                                                                                                   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                |
| Nelsen, David                                                                                                                 |                                                                                                                                                                                                            | 5827 Oakridge Dr. Lincoln NB 68516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)489-4183                                                                                |                                                                                |
| <u> </u>                                                                                                                      |                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                            | Services Outpatient -                                                          |
| Substance Abuse Services:                                                                                                     |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                            | Services Outpatient -                                                          |
| Substance Abuse Services:  Mental Health Services:                                                                            |                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                            | Services Outpatient -                                                          |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                        |                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                            | Services Outpatient -                                                          |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                        | Groups; Adult Non-Residential Services Outpatien                                                                                                                                                           | aluations; Adult Non-Residential Services Intervention/Education; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                            | Services Outpatient -                                                          |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:  Neve, Robert                           | Groups; Adult Non-Residential Services Outpatients Sliding Fee Scale; The Clearview Center, Inc. Adult Assessment Services Substance Abuse Evan Monitoring SA/MH; Adult Non-Residential Services           | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ult Non-Residential \$ (402)612-2516 ult Non-Residential \$ Family; Adult Non-Re             | (402)614-5447<br>Services Care<br>sidential Services                           |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:  Neve, Robert Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatients Sliding Fee Scale; The Clearview Center, Inc. Adult Assessment Services Substance Abuse Evan Monitoring SA/MH; Adult Non-Residential Services           | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual  4913 Underwood Ave Omaha NB 68132 aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Fvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Tre | ult Non-Residential \$ (402)612-2516 ult Non-Residential \$ Family; Adult Non-Re             | (402)614-5447<br>Services Care<br>sidential Services                           |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                              | Fax                                                                   |
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| Nichols, Kayla            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                  | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                     | (402)261-9273                                                      |                                                                       |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| Juvenile Services:        |                                                                                                                                                     | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc                                                                                                                                                                                                                                                                                                                                        | luding Family Sessic                                               | ns-Mental Health;                                                     |
| Other Services:           | Outpatient Therapy - Eating Disorder Sliding Fee Scale;                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                                                                   | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                  | (402)488-0077                                                      | (402)488-0017                                                         |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                                                                     | atment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                                                                                                                                                                                                                                            | aluation; Psychologi                                               | cal Evaluation                                                        |
| Juvenile Services:        |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| Prince, Reginald          | Serenity Matters                                                                                                                                    | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111                                                                                                                                                                                                                                                                                                                                                          | (402)830-3890                                                      | (402)212-0282                                                         |
|                           | Groups; Adult Non-Residential Services Outpatie                                                                                                     | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outdential Services Outdential Services Outpatient - Individual                                                                                                                                | uvenile Assessment                                                 | Services Substance                                                    |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
| 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<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>ces Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juveniles Outpatient - Family |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                       |
| luvenile Services:        | Intensive Outpatient: Intensive Outpatient Therap                                                                                                   | py-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
|                           |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |
|                           | Sliding Fee Scale;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                       |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Non-Treatment: Expedited Family Group Conference

Other Services: Sliding Fee Scale;

| Name                                          | Agency                                                                                                                                                                                                                                                                                             |                                                                                                        | Address                                                                                                                                                                 | Phone                                                                                                                          | Fax                                                               |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Threats, Deb                                  | Associates in Counseling & Treatment                                                                                                                                                                                                                                                               | 600 North Cotne                                                                                        | r, Ste.119 Lincoln NB 68505                                                                                                                                             | (402)261-6667                                                                                                                  | (402)261-6526                                                     |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse E                                                                                                                                                                                                                                                        | •                                                                                                      |                                                                                                                                                                         |                                                                                                                                | Services Outpatient -                                             |
| Mental Health Services:                       | Groups; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                      | lient - Family, Adult No                                                                               | ni-Residential Services Odipatient - Indi                                                                                                                               | viduai                                                                                                                         |                                                                   |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                                                         |                                                                                                                                |                                                                   |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                                                                                                         |                                                                                                                                |                                                                   |
| Townsend, Robin                               | HopeSpoke                                                                                                                                                                                                                                                                                          | 2444 O St Linco                                                                                        | oln NB 68510                                                                                                                                                            | (402)475-7666                                                                                                                  | (402)476-9623                                                     |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                                                         |                                                                                                                                |                                                                   |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                                                         |                                                                                                                                |                                                                   |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health;                                                                                                                                                                                                                                                     | 1 17                                                                                                   | cluding Family Sessions-Mental Health;                                                                                                                                  | Intensive Outpatient: Intensive                                                                                                | e Outpatient Therap                                               |
| Other Services:                               | Mental Health; Assessment: Pre-Treatment Ass<br>Sliding Fee Scale;                                                                                                                                                                                                                                 | sessment (iviedicald)                                                                                  |                                                                                                                                                                         |                                                                                                                                |                                                                   |
| Trauernicht, Joellyn                          | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                      | 1123 N 9th St                                                                                          | Beatrice NB 68310                                                                                                                                                       | (402)228-3386                                                                                                                  | (402)228-2004                                                     |
| Mental Health Services:<br>Juvenile Services: | Adult Assessment Services Substance Abuse E<br>Groups; Adult Non-Residential Services Outpat<br>Extended Residential<br>Outpatient Therapy; Pre-Treatment Assessmen<br>Sliding Fee Scale;                                                                                                          | tient - Individual; Adult                                                                              | Non-Residential Services Intensive Out                                                                                                                                  | •                                                                                                                              |                                                                   |
| Walker-Vinal, Kristin                         | Sage Counseling Omaha LLC                                                                                                                                                                                                                                                                          | 13808 U St Om                                                                                          | aha NB 68137                                                                                                                                                            | (402)686-9856                                                                                                                  |                                                                   |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse E<br>Monitoring SA/MH; Adult Non-Residential Servi<br>Outpatient - Individual; Adult Non-Residential S<br>Juvenile Assessment Services Substance Abus<br>Care Monitoring SA/MH; Juvenile Non-Residen<br>Residential Services Outpatient - Individual; Ju | ices Outpatient - Grou<br>services Outpatient - C<br>se Evaluations; Juveni<br>tial Services Outpatiel | ps; Adult Non-Residential Services Outp<br>o-Occurring Treatment; Adult Non-Resi<br>le Non-Residential Services Intervention<br>nt - Groups; Juvenile Non-Residential S | patient - Family; Adult Non-Red<br>dential Services Intensive Oun/Education; Juvenile Non-Re<br>ervices Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>esidential Services |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                                                         |                                                                                                                                |                                                                   |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Co-occurri                                                                                                                                                                                                      |                                                                                                        |                                                                                                                                                                         | Outpatient Therapy including                                                                                                   | Family Sessions-                                                  |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                 | ng, 7.00000ment. 00 C                                                                                  | , oodining                                                                                                                                                              |                                                                                                                                |                                                                   |
| O 11101 O 01 11000.                           |                                                                                                                                                                                                                                                                                                    |                                                                                                        | D ND cooks                                                                                                                                                              |                                                                                                                                |                                                                   |
| White, Nichole                                | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                      | 1123 N 9th St                                                                                          | Beatrice NB 68310                                                                                                                                                       | (402)228-3386                                                                                                                  |                                                                   |
| White, Nichole                                | Adult Assessment Services Substance Abuse B                                                                                                                                                                                                                                                        | Evaluations; Adult Non                                                                                 | -Residential Services Intervention/Educ                                                                                                                                 | cation; Adult Non-Residential                                                                                                  | Services Outpatient                                               |
| White, Nichole                                | Adult Assessment Services Substance Abuse E<br>Groups; Adult Non-Residential Services Outpat                                                                                                                                                                                                       | Evaluations; Adult Non                                                                                 | -Residential Services Intervention/Educ                                                                                                                                 | cation; Adult Non-Residential                                                                                                  | Services Outpatient                                               |
| White, Nichole Substance Abuse Services:      | Adult Assessment Services Substance Abuse E<br>Groups; Adult Non-Residential Services Outpat                                                                                                                                                                                                       | Evaluations; Adult Non                                                                                 | -Residential Services Intervention/Educ                                                                                                                                 | cation; Adult Non-Residential                                                                                                  | Services Outpatient                                               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                             | Address                                    | Phone         | Fax |
|---------------------------|------------------------------------|--------------------------------------------|---------------|-----|
| Younker-Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 |     |

Substance Abuse Services:

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

Juvenile Services:

Other Services: Sliding Fee Scale;

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

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                | Fax                                                                  |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Alexander, Rusty                                   | Rite of Passage, Inc. (Corporate Address)                                                                                                                                                                  | 246 Bonham Rd Cincinnatti OH 45215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (775)392-2639                                                                        | •                                                                    |
| Substance Abuse Services:                          |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| Mental Health Services:                            |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| Juvenile Services:                                 | Out-Of-Home: Group Home A                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| Bishop, Michael                                    | Cathedral Home for Children                                                                                                                                                                                | 4989 North 3rd st Laramie WY 82072                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (307)721-1583                                                                        | (307)742-6146                                                        |
| Substance Abuse Services:                          |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| Mental Health Services:                            |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
|                                                    | Management Class; Non-Treatment: General Ed<br>Residential Treatment Facility; Therapeutic Grou                                                                                                            | ervised Visitation; Non-Treatment: Summer School; Non-Treatn<br>ucation Class; Non-Treatment: Alternative School; Day Treatme<br>p Home-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                      |
| Other Services:                                    | Hearing Impaired;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| 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<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil<br>Juvenile Non-Residential Services Intensive Outp | valuations; Adult Non-Residential Services Intervention/Education of Family; Adult Non-Residential Services Outpatient - Individuations; Substance Abuse Evaluations; Juvenile Non-Residential Sele Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Resident Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ual; Adult Non-Residential<br>Services Intervention/Educ                             | Services Intensive ation; Juvenile Nor                               |
|                                                    | Non-Treatment: Employment Placement Program                                                                                                                                                                | eatment: Day Reporting; Non-Treatment: Anger Management Cl<br>n; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ass; Non-Treatment: Gen                                                              | eral Education Cla                                                   |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                      |
| Crouch, Samuel                                     |                                                                                                                                                                                                            | 120 E 16th St Suite C Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)225-0500                                                                        |                                                                      |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                            | valuations; Adult Non-Residential Services Outpatient - Individua<br>rvices Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | al; Juvenile Assessment S                                                            | ervices Substance                                                    |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                      |
| Juvenile Services:                                 |                                                                                                                                                                                                            | utpatient Therapy including Group Sessions-Mental Health; Out<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | Family Sessions-                                                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | J                                                                                    |                                                                      |
| Johnson, Jill                                      | Bryan Independence Center                                                                                                                                                                                  | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)481-5392                                                                        |                                                                      |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Couland Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve                | valuations; Adult Non-Residential Services Intervention/Education ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpatient - Groups; Adult Non-Residential Services Support Term Residential; Juvenile Assessment Services Support Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups | Ion-Residential Services (<br>Dutpatient Treatment; Adu<br>Ibstance Abuse Evaluation | Outpatient - Individu<br>ilt Residential Servic<br>ns; Juvenile Non- |

Mental Health Services:

| Name                      | Agency                                                                                                                                          | Address                                                                                                                                                                                                                                                                            | Phone                                           | Fax                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|
| Juvenile Services:        |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    | •                                               | •                                       |
| Other Services:           | Bilingual Services;                                                                                                                             |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Jones, James              | Community Justice Center                                                                                                                        | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                      | (402)429-1050                                   |                                         |
| Substance Abuse Services: |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Mental Health Services:   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
|                           | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                    | General Education Class                                                                                                                                                                                                                                                            |                                                 |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Marshall, Tim             | Provo Canyon School                                                                                                                             | 4501 North University Avenue Provo UT 84604                                                                                                                                                                                                                                        | (801)223-7106                                   | (801)227-2895                           |
| Substance Abuse Services: |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Mental Health Services:   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
|                           | Psychiatric Residential Treatment Facility                                                                                                      |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Other Services:           | Bilingual Services;                                                                                                                             |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Mcclure, Gina             | Halo Counseling Center                                                                                                                          | 8998 L St Suite 110 Omaha NB 68127                                                                                                                                                                                                                                                 | (402)881-0771                                   |                                         |
| Substance Abuse Services: |                                                                                                                                                 | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                       |                                                 |                                         |
| Mental Health Services:   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Juvenile Services:        |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Neve, Robert              | The Clearview Center, Inc.                                                                                                                      | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                                                                                  | (402)612-2516                                   | (402)614-5447                           |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                                                                                                 | valuations; Adult Non-Residential Services Intervention/Education; Ac<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - I<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S                                                              | Family; Adult Non-Re                            | sidential Services                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                    | (bio-psychosocial)                                                                                                                                                                                                                                                                 |                                                 |                                         |
| Juvenile Services:        |                                                                                                                                                 |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                 |                                         |
| Raney, Sandra             | Open Door                                                                                                                                       | 1870 9th St Gering NB 69341                                                                                                                                                                                                                                                        | (308)225-4335                                   | (308)633-2020                           |
| Substance Abuse Services: |                                                                                                                                                 | valuations; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>Treatment                                                                                                                          |                                                 |                                         |
| Mental Health Services:   | ,                                                                                                                                               | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                  | ent Assessment (bio                             | -psychosocial); Co-                     |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre<br>Evening Reporting; Non-Treatment: Anger Mana<br>Outpatient Therapy including Group Sessions-Mo | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm<br>gement Class; Non-Treatment: General Education Class; Outpatient<br>ental Health; Outpatient Therapy including Family Sessions-Mental H<br>by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaio | Therapy - Individual-<br>lealth; Outpatient The | Mental Health;<br>erapy - Co-occurring; |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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 Eva  | aluations                                  |               |     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment ( | bio-psychosocial); Co-Occurring            |               |     |
| Juvenile Services:        |                                                |                                            |               |     |
| Other Services:           | Sliding Fee Scale;                             |                                            |               |     |
| Younker-Schifferns, Holli | Lutheran Family Services of NE Inc             | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 |     |

Substance Abuse Services:

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

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                                                                   | Agency                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                        | Fax                                                      |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Austen, Robin                                                          | Region V Systems-Behavioral Health<br>Authority                                                                                                    | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                      | (402)471-4326                                                                                |                                                          |
| Substance Abuse Services:                                              |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Mental Health Services:                                                |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
|                                                                        | Non-Treatment: Professional Partner                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| 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;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Dirks, Tamara                                                          |                                                                                                                                                    | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                                                                                                 | (402)461-4960                                                                                |                                                          |
| Substance Abuse Services:                                              |                                                                                                                                                    | Evaluations; Adult Non-Residential Services Intervention/Educati                                                                                                                                                                                                                                                                                                                                    |                                                                                              | vices Outpatient                                         |
| Mental Health Services:                                                | Groups; Adult Non-Residential Services Outpar                                                                                                      | tient - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                                                                                                                                                                                                                                 | dual                                                                                         |                                                          |
| 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 Serv                                                                                                       | Evaluations; Adult Non-Residential Services Intervention/Educatices Outpatient - Groups; Adult Non-Residential Services Outpat<br>Services Outpatient - Co-Occurring Treatment; Adult Non-Reside                                                                                                                                                                                                    | ient - Family; Adult Non-Resid                                                               | lential Services                                         |
| Mental Health Services:                                                | Outpatient Therapy; Co-Occurring                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Juvenile Services:                                                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Doehling, Raechel                                                      | Houses of Hope                                                                                                                                     | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                 | (402)435-3165                                                                                |                                                          |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Residential Services Halfway-House                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                          |
| Johnson, Jill                                                          | Bryan Independence Center                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                      | (402)481-5392                                                                                |                                                          |
| Substance Abuse Services:                                              | Adult Non-Residential Services Outpatient - Gr<br>Adult Non-Residential Services Outpatient - Co<br>Dual Residential (MH/SA); Adult Residential Se | Evaluations; Adult Non-Residential Services Intervention/Educatioups; Adult Non-Residential Services Outpatient - Family; Adult b-Occurring Treatment; Adult Non-Residential Services Intensive ervices Short Term Residential; Juvenile Assessment Services Suvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential | Non-Residential Services Out<br>Outpatient Treatment; Adult F<br>ubstance Abuse Evaluations; | patient - Individu<br>Residential Servi<br>Juvenile Non- |

| Name                      | Agency                                           | Address                                                                                                                                  | Phone                | Fax                  |
|---------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|                           |                                                  | Juvenile Non-Residential Services Intensive Outpatient Treatment; Ju                                                                     | venile Non-Resident  | ial Services Partial |
| Mental Health Services:   | Care; Juvenile Residential Services Short Term   | Residential                                                                                                                              |                      |                      |
| Juvenile Services:        |                                                  |                                                                                                                                          |                      |                      |
| Other Services:           | 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;                               |                                                                                                                                          |                      |                      |
| Martin, Kelly             | Touchstone                                       | 2633 P St Lincoln NB 68503                                                                                                               | (402)474-4343        | (402)474-6957        |
| Substance Abuse Services: | Adult Residential Services Short Term Resident   | ial                                                                                                                                      |                      |                      |
| Mental Health Services:   |                                                  |                                                                                                                                          |                      |                      |
| Juvenile Services:        |                                                  |                                                                                                                                          |                      |                      |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                          |                      |                      |
| Schmidt, Sharon           | The Resolution Center                            | 120 South 5th Street Beatrice NB 68310                                                                                                   | (402)223-6061        | (402)223-6625        |
| Substance Abuse Services: |                                                  |                                                                                                                                          |                      |                      |
| Mental Health Services:   |                                                  |                                                                                                                                          |                      |                      |
|                           |                                                  | onflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                      | е                    |                      |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                          |                      |                      |
| Stennis, Gladys           | Infinite Avenues Counseling                      | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                   | (402)905-6296        |                      |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E      | valuations                                                                                                                               |                      |                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment     | t (bio-psychosocial); Co-Occurring                                                                                                       |                      |                      |
| Juvenile Services:        |                                                  |                                                                                                                                          |                      |                      |
| Other Services:           | Sliding Fee Scale;                               |                                                                                                                                          |                      |                      |
| Threats, Deb              | Associates in Counseling & Treatment             | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                               | (402)261-6667        | (402)261-6526        |
| Substance Abuse Services: |                                                  | valuations; Adult Non-Residential Services Intervention/Education; Adet - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient  |
| Mental Health Services:   | Groups, Adult Norr-Nesiderillal Services Outpati | ent - Family, Addit Norrhesidential Services Outpatient - Individual                                                                     |                      |                      |
| Juvenile Services:        |                                                  |                                                                                                                                          |                      |                      |
| Other Services            | Sliding Fee Scale;                               |                                                                                                                                          |                      |                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                     |                       | Address                                                                                                 | Phone                | Fax                 |
|---------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Trauernicht, Joellyn      | Blue Valley Behavioral Health                                                              | 1123 N 9th St         | Beatrice NB 68310                                                                                       | (402)228-3386        | (402)228-2004       |
| Substance Abuse Services: |                                                                                            | ,                     | n-Residential Services Intervention/Education; Act<br>t Non-Residential Services Intensive Outpatient T |                      |                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessmen                                                | t (bio-psychosocial); | Co-Occurring                                                                                            |                      |                     |
| Juvenile Services:        |                                                                                            |                       |                                                                                                         |                      |                     |
| Other Services:           | Sliding Fee Scale;                                                                         |                       |                                                                                                         |                      |                     |
| White, Nichole            | Blue Valley Behavioral Health                                                              | 1123 N 9th St         | Beatrice NB 68310                                                                                       | (402)228-3386        |                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati |                       | n-Residential Services Intervention/Education; Ac                                                       | lult Non-Residential | Services Outpatient |
| Mental Health Services:   |                                                                                            | ent - Family, Addit N | on-residential Services Odipatient - Individual                                                         |                      |                     |
| Juvenile Services:        |                                                                                            |                       |                                                                                                         |                      |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                               | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                              | Fax                                                                   |
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| Andrews, Megan                                     | Boys Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                                      |                                                                       |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Non-Treatment: Fam                                                 | ily Support Worker;                                                   |
| Other Services:                                    | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Other Corvides.                                    | Dillingual Gervices,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Benesch, Kevin                                     | HopeSpoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                                      | (402)476-9623                                                         |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexualty Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment: Juvenile Who Sexually Health Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Psychological Evaluation; Assessment Ps |                                                                    |                                                                       |
| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring<br>(bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dult Non-Residential<br>ces Substance Abus<br>n-Residential Servic | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicaid); Mental Status Exam (Medicai | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                       |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Crawford, Makayla                                  | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)284-6767                                                      | (308)284-3084                                                         |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
|                                                    | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |
| Fisher, Joel                                       | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)539-1387                                                      | (308)532-1157                                                         |
| Substance Abuse Services:  Mental Health Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                       |

Juvenile Services: Non-Treatment: Professional Partner

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

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                                                       | Agency                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                            | Phone                                                              | Fax                                                            |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------|
| Hageman, Wendy                                                             | Beacon of Hope Counseling Center LLC                                                                                                                                                                                                                    | 308 W 4th St North Platte NB 69101                                                                                                                                                                                                                                                                                                                                 | (308)532-0777                                                      |                                                                |
|                                                                            | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | amily; Adult Non-Re<br>rvices Substance Ab<br>Juvenile Non-Resid   | esidential Services<br>buse Evaluations;<br>dential Services   |
|                                                                            | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                            | ,                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                |
|                                                                            | Mental Health; Outpatient Therapy - Eating Disor                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>der                                                                                                                                                                                                                                                                                         | t Therapy including                                                | Family Sessions-                                               |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Johnson, Jill                                                              | Bryan Independence Center                                                                                                                                                                                                                               | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                     | (402)481-5392                                                      |                                                                |
|                                                                            | Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir                                                                                              | Occurring Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurrine Non-Residential Services Partial Care; Juvenile Residential Service                 | ce Abuse Evaluatior<br>sidential Services O<br>g Treatment; Juveni | ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:                                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Juvenile Services:                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Other Services:                                                            | Bilingual Services;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Jones, James                                                               | Community Justice Center                                                                                                                                                                                                                                | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                      | (402)429-1050                                                      |                                                                |
| Substance Abuse Services:                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Mental Health Services:                                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Juvenile Services:                                                         | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                            | General Education Class                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                |
| Martin, Kelly                                                              | Touchstone                                                                                                                                                                                                                                              | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                         | (402)474-4343                                                      | (402)474-6957                                                  |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                                        | al                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                |

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| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                     | Phone                | Fax                |  |
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| Romero, Ana               | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 307 East 5th Lexington NB 68850                                                                                                                                                                                                             | (308)324-6754        |                    |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                             |                      |                    |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                             |                      |                    |  |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |                      |                    |  |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ervices;                                                                                                                                                                                                                                    |                      |                    |  |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                          | (417)413-0085        | (308)832-4844      |  |
|                           | Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation |                                                                                                                                                                                                                                             |                      |                    |  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                                                                                                                                                                           |                      |                    |  |

| Name                                          | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                              | Phone                                                             | Fax                                                                         |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Andrews, Megan                                | Boys Town                                                                                                                                                                                                                                              | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                           | (308)224-3338                                                     |                                                                             |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Mental Health Services:                       |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Juvenile Services:                            |                                                                                                                                                                                                                                                        | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                                                     | Non-Treatment: Fam                                                | ily Support Worker;                                                         |
| Other Services:                               | Out-Of-Home: Foster Care (Relative/Kinship) Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Babutzke, Jamie                               | South Central Behavioral Services                                                                                                                                                                                                                      | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                                                    | (402)463-5684                                                     | (402)463-5686                                                               |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>es Substance Abus<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family; |
|                                               | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
|                                               | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                    |                                                                   | Family Sessions-                                                            |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                       | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                 | (402)564-9994                                                     | (402)562-6458                                                               |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                       | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                         |                                                                   |                                                                             |
| Mental Health Services:                       |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Juvenile Services:                            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Bomberger, Molly                              | South Central Behavioral Services                                                                                                                                                                                                                      | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                                                    | (308)293-0954                                                     | (308)237-5953                                                               |
| Substance Abuse Services:                     | Family; Adult Non-Residential Services Outpatien<br>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 Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin                                                                                       | ing Treatment; Adul<br>Residential Service:                       | t Non-Residential                                                           |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                                                                                                                                                                  | on                                                                |                                                                             |
|                                               | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual 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: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                   | raluations; Adult Non-Residential Services Outpatient - Groups; Adult                                                                                                                                                                                                                                                                                                                                                                                                                        | Non-Residential Ser                                                                                                    | vices Outpatient -                                                                                                  |
| Mental Health Services:   | Pamily; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                  | nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr<br>(bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                | eatment                                                                                                                |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                | (4.6 6.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Florez, Thomas            | Thomas B Florez                                                                                                                                                                                                                                | 403 Lexington Circle Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (308)370-1667                                                                                                          |                                                                                                                     |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat                                                                                                                                                                                              | raluations; Adult Non-Residential Services Outpatient - Family; Adult l<br>tient - Co-Occurring Treatment; Juvenile Assessment Services Subst<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                                                                                                                                                                                                                                        | ance Abuse Evaluat                                                                                                     | ons; Juvenile Non-                                                                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                                                                                                                                                                                                                                                           | ion                                                                                                                    |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                          | nt Therapy - Co-occu                                                                                                   | ırring; Assessment:                                                                                                 |
| Other Services:           | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale;                                                                                                                                                                                | lent: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                          |                                                                                                                     |
| Substance Aduse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services C<br>tient Treatment; Adu<br>Ice Abuse Evaluation<br>Sidential Services On<br>Ig Treatment; Juveni | Outpatient - Individual<br>It Residential Service<br>Is; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                       | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)429-1050                                                                                                          |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Mental Health Services:   | 1                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                   | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                                    | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (308)284-4491                                                                                                          | (308)284-4100                                                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                     |

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| Name                      | Agency                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                   | Phone                                                                     | Fax                                                                 |
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| Lange, Robyn              | Two Bridges Counseling                                                                                                           | 513 N Grant St Ste 3A Lexington NB 68850                                                                                                                                                                                                                                                                                                  | (308)324-0222                                                             | (308)324-0225                                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>vices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>ile Non-Residential Services Outpatient - Family; Juvenile Non-Re<br>patient Treatment                                    | ; Adult Non-Residentia<br>vices Intervention/Educ                         | Services Intensive ation; Juvenile Non-                             |
| Mental Health Services:   | •                                                                                                                                |                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                     |
| Juvenile Services:        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                     |
| 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 Outpatic<br>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 | ; Adult Non-Residentia<br>rvices Substance Abus<br>Non-Residential Servic | Services Outpatient e<br>Evaluations; Juveniles Outpatient - Family |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                     |
| Juvenile Services:        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                | ervices;                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                     |
| Schroeder, Ashley         | South Central Behavioral Services                                                                                                | 3810 Central AVE Kearney NB 68847                                                                                                                                                                                                                                                                                                         | (308)237-5951                                                             | (308)237-5953                                                       |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil                                | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occle Assessment Services Substance Abuse Evaluations; Juvenile Namily; Juvenile Non-Residential Services Outpatient - Individual; California Services Intensive Outpatient Treatment                  | urring Treatment; Adul<br>on-Residential Service                          | t Non-Residential<br>s Outpatient - Groups                          |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                     |
| Juvenile Services:        |                                                                                                                                  | outpatient Therapy including Group Sessions-Mental Health; Outpa<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme                                                                                                                                                                                                          |                                                                           | Family Sessions-                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                               | g,                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                     |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S                                 | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile No<br>Co-Occurring Treatment                                  | ; Adult Non-Residentia<br>Services Intervention/Ed                        | Services Outpatient ducation; Juvenile                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                     | •                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                     |
| Invenile Services:        | Outpatient Therapy - Individual-Mental Health: O                                                                                 | outpatient Therapy including Group Sessions-Mental Health; Outpa                                                                                                                                                                                                                                                                          | tient Therapy including                                                   | Family Sessions-                                                    |
| ouvernie dervices.        | Mental Health; Outpatient Therapy - Co-occurring                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                           | Tariny Occolorio                                                    |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                   | Fax                                                                                             |
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| Andrews, Megan            | Boys Town                                                                                                                                                                                                                                                                                                        | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                                                                                           |                                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                                                                                                        | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Non-Treatment: Fam                                                                                                      | ily Support Worker;                                                                             |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Aschoff, Allison          | Women's Empowering Life Line                                                                                                                                                                                                                                                                                     | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)750-9660                                                                                                           |                                                                                                 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | dult Non-Residential                                                                                                    | Services Outpatient                                                                             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                                                                 |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Barritt, Samantha         | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                 | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                           | (402)370-3373                                                                                   |
|                           | Adult Non-Residential Services Care Monitoring Services (Author-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resoutpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvenices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co- | on-Residential Servic<br>ing Treatment; Adult<br>rices Short Term Res<br>nile Non-Residential<br>ient - Family; Juvenil | ces Outpatient -<br>Non-Residential<br>idential; Juvenile<br>Services Care<br>e Non-Residential |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                                                                                                                                  | atient Therapy - Individual-Mental Health; Outpatient Therapy includi-<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | by - Co-occurring; Int                                                                                                  | ensive Outpatient:                                                                              |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                 | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                                           | (402)562-6458                                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                                                                                 | ssessment Services Substance Abuse Evaluations; Adult Non-Residences; Adult Non-Residences; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ential Services Interv<br>esidential Services C                                                                         | ention/Education;<br>Outpatient - Individua                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                 |

Other Services: Sliding Fee Scale;

Juvenile Services:

| Name                                                                                                                                                                                           | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                        | Fax                                                                                                                           |
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| Bowens Kissi Afare,                                                                                                                                                                            | Heartland Counseling Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                                                                                                                |                                                                                                                               |
| Substance Abuse Services:                                                                                                                                                                      | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dult Non-Residential<br>ces Substance Abuse<br>n-Residential Service                                                                                         | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family                                                     |
| Mental Health Services:                                                                                                                                                                        | Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                               |
| Juvenile Services:                                                                                                                                                                             | Non-Treatment: Family Support Worker; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ent Therapy - Individual-Mental Health; Intensive Outpatient: Intensive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outpatient Therapy                                                                                                                                           | -Mental Health                                                                                                                |
| Other Services:                                                                                                                                                                                | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                               |
| Camacho, Diana                                                                                                                                                                                 | Good Life Counseling & Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)371-3044                                                                                                                                                |                                                                                                                               |
| Substance Abuse Services:                                                                                                                                                                      | Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | raluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ations; Juvenile Nor                                                                                                                                         |                                                                                                                               |
| Mental Health Services:                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                               |
|                                                                                                                                                                                                | N T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                               |
| Juvenile Services:                                                                                                                                                                             | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                               |
|                                                                                                                                                                                                | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                               |
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| Other Services:                                                                                                                                                                                | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)851-4026                                                                                                                                                | (402)379-2487                                                                                                                 |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:                                                                                                                                     | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)851-4026                                                                                                                                                | (402)379-2487                                                                                                                 |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:  Mental Health Services:                                                                                                            | Bilingual Services;  Apex Therapy Service  Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Therapy - Eating [                                                                                                                                        | Disorder; Intensive                                                                                                           |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                        | Bilingual Services;  Apex Therapy Service  Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt Therapy - Eating [                                                                                                                                        | Disorder; Intensive                                                                                                           |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                        | Bilingual Services;  Apex Therapy Service  Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt Therapy - Eating [                                                                                                                                        | Disorder; Intensive                                                                                                           |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Grabowski, Karen                                                     | Bilingual Services;  Apex Therapy Service  Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Residential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - I | nt Therapy - Eating I<br>ment: Mental Status<br>(402)564-9994<br>ult Non-Residential S<br>ing Treatment; Adult<br>Services Substance                         | Disorder; Intensive Exam (MSE)  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations;                       |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Grabowski, Karen                                                     | Bilingual Services;  Apex Therapy Service  Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Residential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - I | nt Therapy - Eating I<br>ment: Mental Status<br>(402)564-9994<br>ult Non-Residential S<br>ing Treatment; Adult<br>Services Substance                         | Disorder; Intensive Exam (MSE)  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations;                       |
| Other Services:  Cattau, Jeanne  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Grabowski, Karen  Substance Abuse Services:  Mental Health Services: | Bilingual Services;  Apex Therapy Service  Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment - For Co-Occurring Trea | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess  4432 Sunrise Place Columbus NB 68601  raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Residential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - I | nt Therapy - Eating I<br>ment: Mental Status<br>(402)564-9994<br>ult Non-Residential S<br>ing Treatment; Adult<br>Services Substance<br>enile Non-Residentia | Disorder; Intensive Exam (MSE)  (402)562-6458  Services Outpatient - Non-Residential Abuse Evaluations; I Services Outpatient |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                              | Address                                                                                                                                                                                                                                                                       | Phone                                          | Fax                                          |
|---------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| Grothe, Maria             | 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:        | Community Treatment Aide                                                                            |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Other Services:           | Bilingual Services;                                                                                 |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Hannappel, Mark           | Apex Therapy Service                                                                                | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                  | (402)851-4026                                  | (402)379-2487                                |
| Substance Abuse Services: |                                                                                                     |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatien     | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpat t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluat | atient: Intensive Outp<br>Outpatient- Eating D | patient Therapy-Ment<br>disorder; Assessment |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Hergott, Mariah           | Behavioral Health Specialist/Seekers of Serenity                                                    | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                    | (402)370-3140                                  |                                              |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services |                                                                                                                                                                                                                                                                               | dult Non-Residential<br>buse Evaluations; Ju   | Services Intensive uvenile Non-              |
|                           | Outpatient Therapy - Individual-Mental Health; O                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                           |                                                |                                              |
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring               | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                         | ssessment: Pre-Trea                            | atment Assessment                            |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                    | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                            | (402)685-4130                                  | (402)685-4132                                |
| Substance Abuse Services: |                                                                                                     |                                                                                                                                                                                                                                                                               |                                                |                                              |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asset                                                    | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych                                                                                                                                                                                                             | nological Evaluation                           |                                              |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P<br>sment: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                               | re-Treatment Assess                            | sment (Medicaid);                            |

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| Name                      | Agency                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                               | Fax                                                                                                                    |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                       |                                                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reductring Treatment; Adult Non-Residential Services Intensive Outpatrices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services (<br>tient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual;<br>ilt Residential Services<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                       |                                                                                                                        |
| Mental Health Services:   | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpati<br>Abuse Evaluations; Juvenile Non-Residential Ser<br>Services Outpatient - Individual                                                    | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>Ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential; Ju<br>rvices Outpatient - Groups; Juvenile Non-Residential Services Outpat                                                                                                                                                                                                      | esidential Services (<br>venile Assessment (                                                                        | Outpatient - Individual;<br>Services Substance                                                                         |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                              | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                        |
| Kollmar, Judy             | Oasis Counseling International                                                                                                                                                                                                                 | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                                       | (402)379-3933                                                                                                          |
| Substance Abuse Services: |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commun                                                                                                                                                                                                   | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Loberg, Katie             | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                            | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                       |                                                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpati<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                        | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential; Ju<br>vices Intervention/Education; Juvenile Non-Residential Services Outp<br>lential Services Outpatient - Individual; Juvenile Non-Residential Services                                                                                                                        | esidential Services (<br>venile Assessment (<br>patient - Groups; Juv                                               | Outpatient - Individual;<br>Services Substance<br>venile Non-Residential                                               |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Juvenile Services:        | · ·                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                        |

| Name                      | Agency                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone                                                                                     | Fax                                                                           |
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| McCarthy, Kim             | Oasis Counseling International                                                                                                                                                                                                                | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                            | (402)379-2030                                                                             | (402)379-3933                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commu                                                                                                                                                                                                   | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                                                                | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                               | (402)371-3044                                                                             | (402)371-9643                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                  | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                               |
|                           | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual-<br>Family Sessions-Mental Health; Outpatient Thera<br>Health; Intensive Outpatient: Intensive Outpatient                                  | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive<br>orting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mai<br>-Mental Health; Outpatient Therapy including Group Sessions-Mental<br>apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie<br>t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy<br>Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; Nor<br>Health; Outpatient Tent: Intensive Outpation<br>Co-occurring; Asse | n-Treatment: Genera<br>herapy including<br>ent Therapy-Mental<br>ssment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Morris-Von Kampen, Carla  | Women's Empowering Life Line                                                                                                                                                                                                                  | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                       | (402)379-3622                                                                             |                                                                               |
|                           |                                                                                                                                                                                                                                               | raluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr                                                                                                                                                                                                                                                                                      |                                                                                           |                                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Oltmer, Cynthia           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                              | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                    | (402)379-0040                                                                             | (402)379-0759                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Acces Short Term Residential                                                                                                                                                                                                                                                               |                                                                                           | •                                                                             |
| Mental Health Services:   | ,                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                               |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                              | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                    | (402)370-3140                                                                             | (402)370-3373                                                                 |
|                           | Non-Residential Services Outpatient - Family; Ad<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside dult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Short Term Residential Services Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial); Co-Occurring; Psychological Evaluation        | lential Services Outp<br>sidential; Juvenile As<br>ices Outpatient - Far                  | atient - Co-Occurring<br>ssessment Services<br>mily; Juvenile Non-            |

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                     | Phone                                                                                         | Fax                                                                   |
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| Hamo                      | , (30110)                                                                                                                                                                                                                                              | 74401000                                                                                                                                                                                                                                                                                                    | 1 110110                                                                                      | 1 dx                                                                  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ (ISE); Assessment: Psychological Evaluation; Assessment: C                                                                                                                           | curring; Assessment: Pre-Tre                                                                  |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | ioz, noocomon. i cychological zvaldation, noocomon. c                                                                                                                                                                                                                                                       | o coodining                                                                                   |                                                                       |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                                                              | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                      | (402)753-9415                                                                                 |                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                       |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                                                                         | onflict Mediation; Non-Treatment: Expedited Family Group Co                                                                                                                                                                                                                                                 | onference                                                                                     |                                                                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                       |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                        | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                          | (417)413-0085                                                                                 | (308)832-4844                                                         |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                                                                                                                                  | valuations; Adult Non-Residential Services Outpatient - Grou<br>ive Outpatient Treatment; Juvenile Assessment Services Su<br>le Non-Residential Services Outpatient - Individual                                                                                                                            | ibstance Abuse Evaluations;                                                                   | Juvenile Non-                                                         |
|                           |                                                                                                                                                                                                                                                        | (bio-psychosocial); Co-Occurring; Adults who Sexually Harn                                                                                                                                                                                                                                                  |                                                                                               |                                                                       |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                                                                          | utpatient Therapy including Group Sessions-Mental Health;<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive<br>t Assessment (Medicaid); Assessment: Mental Status Exam<br>Assessment: Assessment: Co-Occurring                                                                                 | e Outpatient: Intensive Outpa                                                                 | tient Therapy-Youth                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | lococomoni, / cococomoni: Co Cocoming                                                                                                                                                                                                                                                                       |                                                                                               |                                                                       |
| Stortvedt, Mark           | Oasis Counseling International                                                                                                                                                                                                                         | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                  | (402)379-2030                                                                                 | (402)379-3933                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                       |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                        | essment (PTA); Pre-Treatment Assessment (bio-psychosoci                                                                                                                                                                                                                                                     | ial); Adults who Sexually Har                                                                 | m Evaluation                                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Community Treatment Aide; Asse                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health;                                                                                                                                                                                                                                                   | Outpatient Therapy including                                                                  | Family Sessions-                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | issincht. The Treatment Assessment (Wedleard)                                                                                                                                                                                                                                                               |                                                                                               |                                                                       |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                    | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                  | (402)370-3140                                                                                 |                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Indiservices Intensive Outpatient Treatment; Juvenile Assessme; Juvenile Non-Residential Services Outpatient - Groups; Jundividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residentia<br>ent Services Substance Abus<br>venile Non-Residential Servic | I Services Outpatient<br>e Evaluations; Juver<br>ces Outpatient - Fam |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                             | O                                                                                             | <b>-</b>                                                              |
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ                                                                                                                                                                                      | Outpatient Therapy including<br>curring; Assessment: Pre-Tre                                  | ramily Sessions-<br>atment Assessment                                 |
|                           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                       |

| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed                                                   | aluations; Adult Non-Residential Services Intervention/Education; Adues Outpatient - Groups; Adult Non-Residential Services Outpatient - Favices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenilent - Individual; Juvenile Non-Residential Services Outpatient - Co-                                                                                  | amily; Adult Non-Res<br>vices Substance Abi<br>enile Non-Residentia                          | sidential Services<br>use Evaluations;<br>al Services Outpatient                                  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                         | nt Assessment (bio-                                                                          | osychosocial); Co-                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                              | Treatment: General Education Class; Outpatient Therapy - Individual-lent Therapy including Family Sessions-Mental Health; Outpatient The                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           | Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                                   |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Ser<br>Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Resider<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>Occurring Treatment; Adult Non-Residential Services Intensive Outpati<br>rvices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>o-Occurring Treatment; Juvenile Non-Residential Services Intensive O | sidential Services O<br>ent Treatment; Adult<br>es Intervention/Educ<br>ntial Services Outpa | utpatient - Individual;<br>t Residential Services<br>cation; Juvenile Non-<br>tient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                   |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                              | atient Therapy - Individual-Mental Health; Outpatient Therapy including<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:<br>Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                        | Intensive Outpatient                                                                         | Therapy-Mental                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                   |

|                                       |                                                                                                                                                          | T                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | T                                                        |
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| Name                                  | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                 | Fax                                                      |
| Akes, Cheyenne                        | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                      | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                           | (402)370-3140                                                         |                                                          |
| Substance Abuse Services:             | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Short Term Residential; Juvenile Assessment Services Substance A<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re<br>idividual; Juvenile Non-Residential Services Intensive Outpatient Trea | dult Non-Residential<br>buse Evaluations; Ju<br>sidential Services Ou | Services Intensive<br>venile Non-<br>utpatient - Family; |
| Mental Health Services:               |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Juvenile Services:                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Other Services:                       | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Alexander, Tessa                      | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                 | (402)564-9994                                                         | (402)564-9976                                            |
| Substance Abuse Services:             | ,                                                                                                                                                        | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Individual; Adult Non<br>n Residential                                                                                                                                                                                                           |                                                                       |                                                          |
| Mental Health Services:               |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Juvenile Services:                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Other Services:                       | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Andrews, Megan                        | Boys Town                                                                                                                                                | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                           | (308)224-3338                                                         |                                                          |
| Substance Abuse Services:             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Mental Health Services:               |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Juvenile Services:                    | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)                                                                | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                                                     | Non-Treatment: Fami                                                   | ly Support Worker;                                       |
| Other Services:                       | Bilingual Services;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Aschoff, Allison                      | Women's Empowering Life Line                                                                                                                             | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                      | (402)750-9660                                                         |                                                          |
| Substance Abuse Services:             | Groups; Adult Non-Residential Services Outpatie                                                                                                          | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>Services Intensive Outpatient Treatment; Adult Residential Services D                                                                                                                                             | dult Non-Residential                                                  | Services Outpatient -                                    |
|                                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                          |
| Juvenile Services:<br>Other Services: | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |
| Barritt, Samantha                     | Behavioral Health Specialist/Seekers of<br>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<br>Family; Adult Non-Residential Services Outpatier                                                     | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Nont - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services                                                | on-Residential Servicing Treatment; Adult                             | es Outpatient -<br>Non-Residential                       |

| Name                      | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                              | Phone                                        | Fax                                        |
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| Mental Health Services:   | Intervention/Education; Juvenile Non-Residential<br>Residential Services Outpatient - Family; Juvenile<br>Treatment; Juvenile Non-Residential Services Int<br>Outpatient Therapy; Pre-Treatment Assessment |                                                                                                                                                                                                                      | s Outpatient - Group<br>idential Services Ou | s; Juvenile Non-<br>tpatient - Co-Occurrin |
|                           | Outpatient Therapy including Family Sessions-M<br>Intensive Outpatient Therapy-Mental Health; Inte<br>(Medicaid); Assessment: Co-Occurring                                                                 | natient Therapy - Individual-Mental Health; Outpatient Therapy including tental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapyensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | by - Co-occurring; In                        | tensive Outpatient:                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                     |                                                                                                                                                                                                                      |                                              |                                            |
| Beam, Brenae              | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                 | (402)564-9994                                | (402)562-6458                              |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ac                                                                                                                                                           | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>dult Non-Residential Services Outpatient - Individual; Adult Non-Reside<br>dential (MH/SA); Adult Residential Services Short Term Residential    |                                              |                                            |
| Mental Health Services:   | Treatment, Addit Nesidential Services Dual Nesid                                                                                                                                                           | dential (Mill/OA), Addit Nesidential Gervices Ghort Term Nesidential                                                                                                                                                 |                                              |                                            |
| Juvenile Services:        |                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                              |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                              |                                            |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                 | (402)564-9994                                | (402)562-6458                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                           | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reint Treatment; Adult Residential Services Short Term Residential            |                                              |                                            |
| Mental Health Services:   |                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                              |                                            |
| Juvenile Services:        |                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                              |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                              |                                            |
| Brockman, Sonja           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                 | (402)564-9994                                | (402)562-6458                              |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                           | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reint Treatment; Adult Residential Services Short Term Residential            |                                              |                                            |
| Mental Health Services:   |                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                              |                                            |
| Juvenile Services:        |                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                              |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                              |                                            |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                      | Phone                                                                                    | Fax                                                            |
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| Camacho, Diana            | Good Life Counseling & Support                                                                                                                    | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                      | (402)371-3044                                                                            |                                                                |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie                                                                                                   | valuations; Adult Non-Residential Services Intervention/Educati<br>nt - Individual; Juvenile Assessment Services Substance Abus<br>I Services Outpatient - Family; Juvenile Non-Residential Servic                                                                                                           | e Evaluations, Juvenile No                                                               |                                                                |
| Mental Health Services:   |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                              |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Other Services:           | Bilingual Services;                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Casanova, Jaime           | Good Life Counseling & Support                                                                                                                    | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                                              | (402)417-5587                                                                            |                                                                |
| Substance Abuse Services: |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Mental Health Services:   |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                              |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Other Services:           | Bilingual Services;                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Cattau, Jeanne            | Apex Therapy Service                                                                                                                              | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                 | (402)851-4026                                                                            | (402)379-2487                                                  |
| Substance Abuse Services: |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Outpatient: Intensive Outpatient Therapy-Mental                                                  | utpatient Therapy including Family Sessions-Mental Health; Or<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); A                                                                                                                                                                                  | utpatient Therapy - Eating<br>Assessment: Mental Status                                  | Disorder; Intensive<br>Exam (MSE)                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Cornwell, Shelli          | Colegrove Counseling Center                                                                                                                       | 1460 35th Ave. Columbus NB 68601                                                                                                                                                                                                                                                                             | (402)562-6767                                                                            |                                                                |
|                           | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Co-Occurring Treatment; Adult Non-<br>Juvenile Assessment Services Substance Abuse |                                                                                                                                                                                                                                                                                                              | ient - Individual; Adult Non<br>sidential Services Short Te<br>ducation; Juvenile Non-Re | -Residential Services<br>rm Residential;<br>sidential Services |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C Co-Occurring                                                                                     | outpatient Therapy including Family Sessions-Mental Health; O                                                                                                                                                                                                                                                | utpatient Therapy - Co-occ                                                               | urring; Assessment:                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                |                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                         | (402)564-9994                                                                            | (402)562-6458                                                  |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Adult F                                               | valuations; Adult Non-Residential Services Intervention/Educatint - Individual; Adult Non-Residential Services Outpatient - Co-<br>Residential Services Dual Residential (MH/SA); Juvenile Assessamily; Juvenile Non-Residential Services Outpatient - Individualial Services Intensive Outpatient Treatment | Occurring Treatment; Adultinent Services Substance                                       | t Non-Residential<br>Abuse Evaluations;                        |

Mental Health Services:

| Name                                                                                                                                                                                                  | Agency                                                                                                                                                                                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                       | Phone                                                                                                                  | Fax                                                                                                   |
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| Juvenile Services:                                                                                                                                                                                    | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpat                                                                                                                                                                                                                             | ient Therapy - Co-occ                                                                                                  | urring; Assessment:                                                                                   |
| Other Services:                                                                                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                       |
| Gregory, Nichole                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                        | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                   | (402)720-1621                                                                                                          | (402)753-6445                                                                                         |
| Substance Abuse Services:                                                                                                                                                                             | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                                                                                                                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; And Family; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Responsition Treatment | Adult Non-Residential ces Intervention/Educ                                                                            | Services Intensive ation; Juvenile Non-                                                               |
| Mental Health Services:                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                       |
| Juvenile Services:                                                                                                                                                                                    | Non-Treatment: General Education Class                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                       |
| Other Services:                                                                                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                       |
| Griffin, Melissa                                                                                                                                                                                      | Meadows Behavioral Health INC.                                                                                                                                                                                                                                                                                                                                                                                         | 3314 26th St, Ste A Columbus NB 68601                                                                                                                                                                                                                                                         | (402)564-9888                                                                                                          | (402)564-9899                                                                                         |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                        | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu                                                                                                                                                                                                                          |                                                                                                                        | : Non-Residential                                                                                     |
| Juvenile Services:                                                                                                                                                                                    | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Office Mental Health                                                                                                                                                                                                                                                                                   | e Non-Residential Services Outpatient - Individual, Juvenile Non-Re<br>(bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                  |                                                                                                                        |                                                                                                       |
| Juvenile Services:                                                                                                                                                                                    | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                       |
| Juvenile Services:<br>Other Services:                                                                                                                                                                 | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of Mental Health Sliding Fee Scale; Good Life Counseling & Support                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                         | ent Therapy including                                                                                                  | Family Sessions-                                                                                      |
| Juvenile Services:<br>Other Services:<br>Hahn, Maria                                                                                                                                                  | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Health Sliding Fee Scale; Good Life Counseling & Support                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                         | ent Therapy including                                                                                                  | Family Sessions-                                                                                      |
| Juvenile Services: Other Services: Hahn, Maria Substance Abuse Services: Mental Health Services:                                                                                                      | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Health Sliding Fee Scale; Good Life Counseling & Support                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                         | ent Therapy including                                                                                                  | Family Sessions-                                                                                      |
| Juvenile Services: Other Services: Hahn, Maria Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                   | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Health Sliding Fee Scale; Good Life Counseling & Support                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                         | ent Therapy including                                                                                                  | Family Sessions-                                                                                      |
| Juvenile Services:  Other Services:  Hahn, Maria  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                                                             | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of Mental Health Sliding Fee Scale; Good Life Counseling & Support  Non-Treatment: Family Support Worker                                                                                                                                                                                               | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                         | ent Therapy including                                                                                                  | Family Sessions-                                                                                      |
| Juvenile Services:  Other Services:  Hahn, Maria  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                                                             | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Health Sliding Fee Scale; Good Life Counseling & Support  Non-Treatment: Family Support Worker Bilingual Services; Apex Therapy Service                                                                                                                                                      | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                            | ent Therapy including<br>(402)270-7781                                                                                 | Family Sessions- (402)562-4001                                                                        |
| Juvenile Services: Other Services: Hahn, Maria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                                                   | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Health Sliding Fee Scale; Good Life Counseling & Support  Non-Treatment: Family Support Worker Bilingual Services; Apex Therapy Service                                                                                                                                                      | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                            | ent Therapy including<br>(402)270-7781                                                                                 | Family Sessions- (402)562-4001                                                                        |
| Juvenile Services: Other Services: Hahn, Maria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hannappel, Mark Substance Abuse Services: Mental Health Services: | Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of Mental Health Sliding Fee Scale; Good Life Counseling & Support  Non-Treatment: Family Support Worker Bilingual Services; Apex Therapy Service  Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who Shealth; Intensive Outpatient: Intensive Outpatient | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                                                                            | ent Therapy including (402)270-7781  (402)851-4026  ent Therapy including patient: Intensive Outle outpatient-Eating I | Family Sessions- (402)562-4001  (402)379-2487  Family Sessions- patient Therapy-Me Disorder; Assessme |

| 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<br>Outpatient Treatment; Adult Residential Services                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dult Non-Residential<br>buse Evaluations; Ju                                                                             | Services Intensive venile Non-                                                                                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                                                                                                |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                                                                                                                                                               | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)685-4130                                                                                                            | (402)685-4132                                                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych                                                                                                                                                                                                                                                                                                                                                                                                                | nological Evaluation                                                                                                     |                                                                                                                |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Posment: Posment: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                            | re-Treatment Assess                                                                                                      | ment (Medicaid);                                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)481-5392                                                                                                            |                                                                                                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Redoccurring Treatment; Adult Non-Residential Services Intensive Outpatrices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | esidential Services O<br>tient Treatment; Adul<br>ce Abuse Evaluations<br>sidential Services Ou<br>g Treatment; Juvenile | utpatient - Individual<br>t Residential Service<br>s; Juvenile Non-<br>tpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)370-3140                                                                                                            |                                                                                                                |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Intensive Outpati                                                                                                                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential; Ju-<br>rvices Outpatient - Groups; Juvenile Non-Residential Services Outpat                                                                                                                                                                                        | esidential Services O<br>venile Assessment S                                                                             | utpatient - Individual<br>ervices Substance                                                                    |
| Mental Health Services:   | ·                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                |

| Name                      | Agency                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                      | Fax                                        |
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| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                                                                                    | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                            |
| Kiuntke, Jean             | Discovery Counseling, LLC                                                                                                                                                                                           | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)606-3084                              | (402)606-4693                              |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Education; Aent - Individual; Juvenile Assessment Services Substance Abuse Ev<br>Il Services Outpatient - Groups; Juvenile Non-Residential Services C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aluations; Juvenile No                     |                                            |
| Mental Health Services:   |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                            |
| Juvenile Services:        |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                            |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                            |
| Koch, Lori                | Stephen Center                                                                                                                                                                                                      | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459                              | (402)715-5452                              |
| Juvenile Services:        | Residential Šervices Short Term Residential; Jur<br>SA/MH; Juvenile Non-Residential Services Outp<br>Outpatient - Individual; Juvenile Non-Residential<br>Treatment<br>Outpatient Therapy; Pre-Treatment Assessment | Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fam Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Occurring (bio-psychosocial); Co-Oc | Non-Residential Servilly; Juvenile Non-Res | vices Care Monitoring<br>idential Services |
| Kollmar, Judy             | 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                                                                                                                                                                         | unity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                            |
| 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:   | Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n-Residential Services                     | s Outpatient - Co-                         |
| Juvenile Services:        |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                            |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                                                                                         | Fax                                                                                                        |
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| McCarthy, Kim             | Oasis Counseling International                                                                                                                                                                                                                                                                                                                                                    | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)379-2030                                                                                                                                 | (402)379-3933                                                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commu                                                                                                                                                                                                                                                                                                                                       | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                                                                                                                                                                                                    | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)371-3044                                                                                                                                 | (402)371-9643                                                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                                                                                                            |
| Juvenile Services:        | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual-<br>Family Sessions-Mental Health; Outpatient Thera<br>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-Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted                                                                                                                                                                                                                      | nagement Class; No<br>Health; Outpatient on<br>t: Intensive Outpati<br>-Co-occurring; Asse                                                    | n-Treatment: Genera<br>Therapy including<br>ent Therapy-Mental<br>essment: Pre-                            |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Ortez, Darlyn             | Goodwill Industries of Greater Nebraska                                                                                                                                                                                                                                                                                                                                           | 1804 South Eddy PO Box 1863 Grand Island NB 68802-<br>1863                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)942-5084                                                                                                                                 |                                                                                                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                            |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                                                                                                                                  | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)370-3140                                                                                                                                 | (402)370-3373                                                                                              |
| Mental Health Services:   | Non-Residential Services Outpatient - Family; Ad<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>lult Non-Residential Services Outpatient - Individual; Adult Non-Reside<br>sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Inile Non-Residential Services Outpatient - Co-Occurring Treatment;<br>(bio-psychosocial); Co-Occurring; Psychological Evaluation<br>utpatient Therapy including Group Sessions-Mental Health; Outpatient<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Psychological Evaluation; Assessment: Co-Occurr | ential Services Outp<br>sidential; Juvenile A-<br>ices Outpatient - Fal<br>Juvenile Non-Reside<br>at Therapy including<br>ssessment: Pre-Tre- | patient - Co-Occurring<br>ssessment Services<br>mily; Juvenile Non-<br>ential Services<br>Family Sessions- |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                | ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                             |                                                                                                            |

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| Name                      | Agency                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                       | Fax                                                                       |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                 | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)753-9415                                                                                               |                                                                           |
| Substance Abuse Services: |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                            | onflict Mediation; Non-Treatment: Expedited Family Group Conferen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ce                                                                                                          |                                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Segoviano, Jessica        | Infinite Avenues Counseling                                                                                                                                                               | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)301-6813                                                                                               |                                                                           |
| Substance Abuse Services: |                                                                                                                                                                                           | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                           |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Stennis, Gladys           | Infinite Avenues Counseling                                                                                                                                                               | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)905-6296                                                                                               |                                                                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                              | /aluations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                              | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Torres, Gloria            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                          | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                                                                               |                                                                           |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult As                                                                                                                                           | ssessment Services Substance Abuse Evaluations; Adult Residenti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al Services Short Term R                                                                                    | esidential                                                                |
| Mental Health Services:   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Other Services:           | 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<br>Co-Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult<br>Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; Act - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services t Residential Services Short Term Residential; Juvenile Assessment Education; Juvenile Non-Residential Services Outpatient - Groups; Joatient - Individual; Juvenile Non-Residential Services Outpatient - Control of the Province of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services Outpatient - Control of Services - Control of Services Outpatient - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Control of Services - Contr | Adult Non-Residential Se<br>Dual Residential (MH/S/<br>t Services Substance Ab-<br>luvenile Non-Residential | ervices Outpatient<br>A); Adult<br>use Evaluations;<br>Services Outpatier |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Juvenile Services:        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                           |

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| Walton, Robert                                                                                                                                                                                                         | AMH Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                                                                                                     | (402)563-2728                                                                                     |
| Substance Abuse Services:                                                                                                                                                                                              | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juventient - Individual; Juvenile Non-Residential Services Outpatient - Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | amily; Adult Non-Re<br>rvices Substance Ab<br>renile Non-Residenti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | esidential Services<br>ouse Evaluations;<br>ial Services Outpatie                                 |
| Mental Health Services:                                                                                                                                                                                                | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Assessment (bio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -psychosocial); Co-                                                                               |
|                                                                                                                                                                                                                        | Non-Treatment: Anger Management Class; Non-<br>including Group Sessions-Mental Health; Outpati<br>Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ient Therapy including Family Sessions-Mental Health; Outpatient The<br>Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |
| Other Services.                                                                                                                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Walton, Robert                                                                                                                                                                                                         | Phoenix House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                                                          | , ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Juvenile Services:                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Juvenile Services:                                                                                                                                                                                                     | , ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                                                                                                                                                                                                                                     | (402)759-3803                                                                                     |
| Juvenile Services:<br>Other Services:<br>Weber, Kristi                                                                                                                                                                 | Sliding Fee Scale; Weber Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services:                                                                                                                                             | Sliding Fee Scale; Weber Behavioral Health Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services:                                                                                                                     | Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental Health - Individual-Mental | 942 N 13th Geneva NB 68361 valuations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Treatment io-psychosocial) ent: Pre-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Assessment                                                                                        |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                                  | Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; 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Adult Non-Residential Services Outpatient - Co-Occurring inite Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (butpatient Therapy including Family Sessions-Mental Health; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Treatment io-psychosocial) ent: Pre-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Assessment                                                                                        |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                                  | Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Outpatient Psychiatric E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 942 N 13th Geneva NB 68361  valuations; Adult Non-Residential Services Outpatient - Co-Occurring inite Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (butpatient Therapy including Family Sessions-Mental Health; Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Treatment io-psychosocial) ent: Pre-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Assessment                                                                                        |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                                                                  | Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 942 N 13th Geneva NB 68361  valuations; Adult Non-Residential Services Outpatient - Co-Occurring in the Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (butpatient Therapy including Family Sessions-Mental Health; Assessmetaluation; Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); 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Juvenile                        |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services:                                            | Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 942 N 13th Geneva NB 68361  valuations; Adult Non-Residential Services Outpatient - Co-Occurring in ile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (butpatient Therapy including Family Sessions-Mental Health; Assessmetaluation; Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); 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Juvenile                      |
| Juvenile Services: Other Services: Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale;  Weber Behavioral Health  Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve 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 Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 942 N 13th Geneva NB 68361  valuations; Adult Non-Residential Services Outpatient - Co-Occurring in the Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (butpatient Therapy including Family Sessions-Mental Health; Assessmetvaluation; Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); Assessment: Mental Status Exam (MSE); 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Juvenile Outpatient - Individua |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address                                    | Phone         | Fax |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|-----|
| Woslager, Tammy           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 |     |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment |                                            |               |     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |               |     |
| Juvenile Services:        | n-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; patient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental alth; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |               |     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |               |     |

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                        | Phone                                      | Fax                                |
|---------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------|
| Andrews, Megan            | Boys Town                                                                                             | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                     | (308)224-3338                              |                                    |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                           | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                               | Non-Treatment: Fam                         | ily Support Worker;                |
|                           | Bilingual Services;                                                                                   |                                                                                                                                                                                                                                                                                                                                | (400)004 7007                              | (400)004 4400                      |
| Arnett Nickolaus, Theresa | SOZO Family Services                                                                                  | 616 13th St Suite 110 Aurora NB 68818                                                                                                                                                                                                                                                                                          | (402)631-7267                              | (402)694-4199                      |
|                           | Family; Adult Non-Residential Services Outpatien                                                      | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr                                                                                                                                                                                 |                                            | Services Outpatient -              |
|                           | Outpatient Therapy; Co-Occurring                                                                      |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental        | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>Health: Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                            | nt Therapy - Eating I                      | Disorder; Intensive                |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Austen, Robin             | Region V Systems-Behavioral Health Authority                                                          | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                 | (402)471-4326                              |                                    |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
|                           | Non-Treatment: Professional Partner                                                                   |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Doehling, Raechel         | Houses of Hope                                                                                        | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                            | (402)435-3165                              |                                    |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                              |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Juvenile Services:        |                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                           | (402)564-9994                              | (402)562-6458                      |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Adult Re | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ing Treatment; Adult<br>Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |
|                           | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)              | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                           | nt Therapy - Co-occi                       | urring; Assessment:                |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                            |                                    |

| Name                                       | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                                                              | Fax                                                                                                                   |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Johnson, Jill                              | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)481-5392                                                                                                                      |                                                                                                                       |
| Substance Abuse Services:                  | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; ups; Adult Non-Residential Services Outpatient - Family; Adult Nor-Decurring Treatment; Adult Non-Residential Services Intensive Outrices Short Term Residential; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Groups; Juvenile Non-Idividual; Juvenile Non-Residential Services Outpatient - Co-Occue Non-Residential Services Partial Care; Juvenile Residential Partial | n-Residential Services (<br>tpatient Treatment; Adu<br>tance Abuse Evaluation<br>Residential Services O<br>rring Treatment; Juveni | Outpatient - Individual;<br>It Residential Services<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |
| Juvenile Services:                         |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |
| Other Services:                            | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |
| Kiuntke, Jean                              | Discovery Counseling, LLC                                                                                                                                                                                                           | 3005 19th Street, Suite 700 Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)606-3084                                                                                                                      | (402)606-4693                                                                                                         |
| Substance Abuse Services:                  | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Individual; Juvenile Assessment Services Substance Abuse E<br>Services Outpatient - Groups; Juvenile Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | valuations; Juvenile No                                                                                                            |                                                                                                                       |
| Mental Health Services:                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |
| Juvenile Services:                         |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |
| Other Services:                            | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |
| Krejci, Ann                                | Stephen Center                                                                                                                                                                                                                      | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)715-5453                                                                                                                      | (402)715-5452                                                                                                         |
| Substance Abuse Services:                  | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Serv                                                                                                                                     | raluations; Adult Non-Residential Services Partial Care; Adult Non-<br>ily; Adult Non-Residential Services Outpatient - Individual; Adult N<br>vices Intensive Outpatient Treatment; Adult Residential Services D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on-Residential Services                                                                                                            | Outpatient - Co-                                                                                                      |
| Mental Health Services: Juvenile Services: | Services Extended Residential; Adult Residential<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                       |

| Substance Abuse Services: Adult Residential Services Short Term Residential  Mental Health Services:  Juvenile Services:  Other Services: Siding Fee Scale;  McNichols, Stephanie  A701 Van Dorn Suite B Lincoln NB 68506 (402)440-6496  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; 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 Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including  | Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                            | Phone                                                                 | Fax                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| Mental Health Services: Juverile Services: Siding Fee Scale;  McNichols, Stephanie  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Coroups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Parally; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family, Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Coro-Occurring Juvenile Non-Residential Services Outpatient - Coro-Occurring Juvenile Services: Outpatient Therapy, Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring Other Services: Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services | Martin, Kelly             | Touchstone                                                                                                                                                                                                                                             | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                         | (402)474-4343                                                         | (402)474-6957                                                      |
| Juvenile Services: Sliding Fee Scale;  McNichols, Stephanie  Substance Abuse Services: Sliding Fee Scale;  McNichols, Stephanie  A701 Van Dorn Suite B Lincoln NB 68506 (402)440-6496  Substance Abuse Services: Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; 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 - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; 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 - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Fam | Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                                       | al                                                                                                                                                                                                                                                                                 |                                                                       |                                                                    |
| Other Services: Sliding Fee Scale;  McNichols, Stephanie  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Internations; Juv Non-Residential Services Outpatient I Services Internations; Juv Non-Residential Services Outpatient I Services Internations; Juv Non-Residential Services Internations; Juv Non-Residential Services Internations; Outpatient I Services Internations Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services Internations; Outpatient I Services I | Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Micholes, Stephanie  4701 Van Dorn Suite B Lincoln NB 68506 (402)440-6496  Substance Abuse Services:  Adult Assassment Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring - Juvenile Services: Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services |                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatier Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential Services Outpatier Learnity; Adult Non-Residential Services Outpatier Learnity; Adult Non-Residential Services Outpatier Learnity; Adult Non-Residential Services Substance Abuse Evaluations; Juv Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment I individual; Juvenile Non-Residential Services Outpatier I reatment I individual; Juvenile Non-Residential Services Outpatier I reatment I individual; Juvenile Non-Residential Services Outpatier I reatment I were services Intervention/Education; Juvenile Non-Residential Services Outpatier I reatment I individual; Juvenile Non-Residential Services Outpatier I reatment I Juvenile Services Intervention/Education; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment; Juvenile Non-Residential Services Outpatier I reatment Juvenile Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Outpatier I reatment Non-Residential Services Intervention I reatme | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient - Restrices Outpatient - Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult 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 - Co-Occurring Treatment, Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment, Juvenile Non-Residential Services Outpatient - Co-Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring Outpatient - Groups - 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 - Individual - Individual - Adult Non-Residential Services Outpatient - Individual - Services Outpatient - Individual - Individual - Adult Non-Residential Services Outpatient - Individual - Individual - Adult Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Ind | McNichols, Stephanie      |                                                                                                                                                                                                                                                        | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                             | (402)440-6496                                                         |                                                                    |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual: Adult Non-Residential Services Dutpatient Teatment: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Pre-Treatment Assessment Services Substance Abuse Evaluation; Juvenile Assessment Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual Services Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Outpatient Therapy - Co-occurring; Intensive Outpatient Intensive Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual Services Mental Health; Outpatient Therapy - Individual Mental Health; Outpatient Therapy - Individual Mental Health; Outpatient Therapy - Individual Menta |                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>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 Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>ces Substance Abuson-<br>n-Residential Servic | Services Outpatient<br>E Evaluations; Juver<br>es Outpatient - Fam |
| Mental Health; Outpatient Therapy - Co-occurring Silding Fee Scale;  Stermensky, Dr. Gage  1811 Avenue A Scottsbluff NB 69361  (417)413-0085  (308)832-4844  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Unpatient - Individual Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Therapy - Individual Mental Health Services Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental-Mental- |                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Stermensky, Dr. Gage  1811 Avenue A Scottsbluff NB 69361  (417)413-0085  (308)832-4844  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Mental Health Services:  Juvenile Services:  Juvenile Services:  Outpatient Therapy; Pre-Treatment Assessment (lion-psychoscall); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Outpatient Therapy; Pre-Treatment Assessment (lion-psychoscall); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Outpatient Therapy; Pre-Treatment Assessment (lion-psychoscall); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Outpatient Therapy; Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Juvenile Who Sexually Harm; Assessment: Co-Occurring  Other Services:  Juvenile Services:  Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment  Geograph - Sessions-Mental Health; Assessment: Pre-Treatment Assessment  Other Services:  Juvenile Services:  Juvenile Services:  Sliding Fee Scale;  Threats, Deb  Associates in Counseling & Treatment  600 North Cotner, Ste. 119 Lincoln NB 68505  (402)261-6667  (402)261-6667  (402)261-6526  Substance Abuse Services:  Adult Assessment Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:                                                                                                                 |                           | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                    | nt Therapy including                                                  | Family Sessions-                                                   |
| 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 Individual; Adult Non-Residential Services Outpatient - Individual - Individual; Adult Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual  | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Assessment: Per-treatment Assessment (Medicaid); Assessment: Mental Health; Outpatient Therapy-You Who Sexually Harm; Assessment: Per-treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Juvenile Who Sexually Harm Risk Assessment: Co-Occurring  Other Services: Sliding Fee Scale;  Stokebrand, Tera  Lemke Michels Psychotherapy - Stacey 942 N 13th St Geneva NB 68361 (402)230-9130  Michels PC  Substance Abuse Services: Mental Health Services: Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid)  Other Services: Sliding Fee Scale;  Threats, Deb Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)261-6667 (402)261-6526 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6526 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 (402)261-6667 | Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                        | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                 | (417)413-0085                                                         | (308)832-4844                                                      |
| Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-You Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Juvenile Who Sexually Harm Risk Assessment: Co-Occurring Other Services: Sliding Fee Scale;  Stokebrand, Tera  Lemke Michels Psychotherapy - Stacey 942 N 13th St Geneva NB 68361 (402)230-9130  Michels PC  Substance Abuse Services: Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale;  Threats, Deb  Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)261-6667 (402)261-6526  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual Mental Health Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile Services: Juvenile  |                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                | ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual                                                                                                                                                               | Abuse Evaluations;                                                    | Juvenile Non-                                                      |
| Stokebrand, Tera  Lemke Michels Psychotherapy - Stacey Michels Psychotherapy - Stacey Michels PC  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Sliding Fee Scale;  Threats, Deb  Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Individual Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatie | Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>Who Sexually Harm; Assessment: Pre-Treatment                                                                                                                                                        | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie<br>t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A                                                                                                                                           | ent: Intensive Outpat                                                 | ient Therapy-Youth                                                 |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid)  Other Services:  Sliding Fee Scale;  Threats, Deb  Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)261-6667 (402)261-6526  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual  Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                  |                                                                       |                                                                    |
| Mental Health Services:  Juvenile Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid)  Other Services:  Sliding Fee Scale;  Threats, Deb  Associates in Counseling & Treatment  600 North Cotner, Ste.119 Lincoln NB 68505  (402)261-6667  (402)261-6526  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual  Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Stokebrand, Tera          |                                                                                                                                                                                                                                                        | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                                                      | (402)230-9130                                                         |                                                                    |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale;  Threats, Deb Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)261-6667 (402)261-6526 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Services Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Other Services: (Medicaid) Sliding Fee Scale;  Threats, Deb Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)261-6667 (402)261-6526  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Other Services: Sliding Fee Scale;  Threats, Deb Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)261-6667 (402)261-6526  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Juvenile Services:        |                                                                                                                                                                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                                                                                                                 | nent: Pre-Treatment                                                   | Assessment                                                         |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatien Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other Services:           | (/                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual  Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Threats, Deb              | Associates in Counseling & Treatment                                                                                                                                                                                                                   | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                         | (402)261-6667                                                         | (402)261-6526                                                      |
| Mental Health Services:  Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    | ult Non-Residential                                                   | Services Outpatient -                                              |
| Juvenile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                        | nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                |                                                                       |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                       |                                                                    |
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Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Non-Residential Services Intervention/E                                                                 | valuations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re<br>rvices Substance Al<br>venile Non-Resident | esidential Services<br>ouse Evaluations;<br>ial Services Outpations |
| Mental Health Services:                                                | Outpatient Therapy; Juvenile Pre-Treatment Asso                                                                                                                                                                          | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                     | ent Assessment (bio                                                | -psychosocial); Co-                                                 |
| Juvenile Services:                                                     |                                                                                                                                                                                                                          | Treatment: General Education Class; Outpatient Therapy - Individual ient Therapy including Family Sessions-Mental Health; Outpatient The                                                                                                                                                                                                               |                                                                    |                                                                     |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                                                                                       | Co-Occurring                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                     |
| Walton, Robert                                                         | Phoenix House                                                                                                                                                                                                            | 1571 23rd Ave Columbus NB 68601                                                                                                                                                                                                                                                                                                                        | (402)841-3791                                                      | (402)302-1001                                                       |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C<br>Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Seruces Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reso-Occurring Treatment                  | dult Non-Residential vices Intervention/Ed                         | Services Outpatien ducation; Juvenile                               |
|                                                                        | Sliding Fee Scale;                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                     |
| Weber, Kristi                                                          | Weber Behavioral Health                                                                                                                                                                                                  | 942 N 13th Geneva NB 68361                                                                                                                                                                                                                                                                                                                             | (402)759-3802                                                      | (402)759-3803                                                       |
| Substance Abuse Services:                                              | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                             | valuations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                   | Treatment                                                          |                                                                     |
| Mental Health Services:                                                | Outpatient Therapy; Medication Evaluation; Juve                                                                                                                                                                          | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (I                                                                                                                                                                                                                                                                                       | oio-psychosocial)                                                  |                                                                     |
| Juvenile Services:                                                     |                                                                                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Assessm<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M                                                                                                                                                                                                                  |                                                                    |                                                                     |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                     |
| Weber, Kristi                                                          | Nebraska Mental Health Centers                                                                                                                                                                                           | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                                                                        | (402)759-3802                                                      | (402)759-3803                                                       |
| Substance Abuse Services:                                              |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                     |
| Mental Health Services:                                                |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                     |
|                                                                        | Outpatient Therapy - Individual-Mental Health; As Assessment: Mental Status Exam (MSE); Assess                                                                                                                           | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Out<br>sment: Medication Management                                                                                                                                                                                                                                                        | patient Psychiatric E                                              | Evaluation;                                                         |
| 000 0 1                                                                |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                     |

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                                                                                                                                             |                                                                                               | Address                                                                                                                                          | Phone                                                          | Fax                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                                                                               | 835 S Burlington                                                                              | Ste 115 Hastings NB 68901                                                                                                                        | (308)383-1622                                                  |                                          |
|                           | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | ent - Family; Adult No<br>Services Substance A<br>Luvenile Non-Resider<br>So-Occurring Treatm | on-Residential Services Outpatient - Individ<br>Abuse Evaluations; Juvenile Non-Residenti<br>Itial Services Outpatient - Family; Juvenile<br>ent | ual; Adult Non-Residential Se<br>al Services Intervention/Educ | ervices Outpatient -<br>cation; Juvenile |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                       | (bio-psychosocial);                                                                           | Co-Occurring                                                                                                                                     |                                                                |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                 |                                                                                               |                                                                                                                                                  | tpatient Therapy including Fa                                  | mily Sessions-                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                 |                                                                                               | · ·                                                                                                                                              |                                                                |                                          |
| White, Nichole            | Blue Valley Behavioral Health                                                                                                                                                                                                                      | 1123 N 9th St                                                                                 | Beatrice NB 68310                                                                                                                                | (402)228-3386                                                  |                                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                                                                                                                                                    |                                                                                               |                                                                                                                                                  |                                                                | rvices Outpatient -                      |
| Mental Health Services:   |                                                                                                                                                                                                                                                    | <b>,</b> ,                                                                                    | ·                                                                                                                                                |                                                                |                                          |
| Juvenile Services:        |                                                                                                                                                                                                                                                    |                                                                                               |                                                                                                                                                  |                                                                |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                 |                                                                                               |                                                                                                                                                  |                                                                |                                          |

| Name                                                                                                                                                                                 | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                                       | Fax                                                                                                                              |
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| Andrews, Megan                                                                                                                                                                       | Boys Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                                                                                                                                                                                               |                                                                                                                                  |
| Substance Abuse Services:                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |                                                                                                                                  |
| Mental Health Services:                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |                                                                                                                                  |
| Juvenile Services:                                                                                                                                                                   | Out-Of-Home Shelter Care; Out-Of-Home: Foste Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e; Non-Treatment: Fam                                                                                                                                                                                                       | nily Support Worker;                                                                                                             |
| Other Services:                                                                                                                                                                      | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |                                                                                                                                  |
| Avalos, Mayra                                                                                                                                                                        | Region II- Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (308)324-6754                                                                                                                                                                                                               | (308)324-5518                                                                                                                    |
| Substance Abuse Services:                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |                                                                                                                                  |
| Mental Health Services:                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |                                                                                                                                  |
| Juvenile Services:                                                                                                                                                                   | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |                                                                                                                                  |
| 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;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                             |                                                                                                                                  |
|                                                                                                                                                                                      | Co-Occurring Treatment, Adult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , radii Non Residentia                                                                                                                                                                                                      | Octvices Outpatient                                                                                                              |
|                                                                                                                                                                                      | Co-Occurring Treatment; Adult Non-Residential S<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                                                           | ·                                                                                                                                |
|                                                                                                                                                                                      | Co-Occurring Treatment; Adult Non-Residential 3<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                    | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tient Therapy including                                                                                                                                                                                                     | Family Sessions-                                                                                                                 |
| Juvenile Services:                                                                                                                                                                   | Co-Occurring Treatment; Adult Non-Residential S<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy includi | tient Therapy including                                                                                                                                                                                                     | Family Sessions-                                                                                                                 |
| Juvenile Services:                                                                                                                                                                   | Co-Occurring Treatment; Adult Non-Residential S<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring<br>(Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                      | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy includi | tient Therapy including                                                                                                                                                                                                     | Family Sessions-                                                                                                                 |
| Juvenile Services:<br>Other Services:                                                                                                                                                | Co-Occurring Treatment; Adult Non-Residential S<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring<br>(Medicaid)<br>Sliding Fee Scale;<br>HopeSpoke                                                                                                                                                                                                                                                                                                                                                                   | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Healt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tient Therapy including<br>th; Assessment: Pre-Tro                                                                                                                                                                          | Family Sessions-<br>eatment Assessment                                                                                           |
| Juvenile Services: Other Services: Benesch, Kevin                                                                                                                                    | Co-Occurring Treatment; Adult Non-Residential S<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring<br>(Medicaid)<br>Sliding Fee Scale;<br>HopeSpoke                                                                                                                                                                                                                                                                                                                                                                   | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Healt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tient Therapy including<br>th; Assessment: Pre-Tro                                                                                                                                                                          | Family Sessions-<br>eatment Assessment                                                                                           |
| Juvenile Services:  Other Services:  Benesch, Kevin  Substance Abuse Services:  Mental Health Services:                                                                              | Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                      | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Healt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tient Therapy including th; Assessment: Pre-Tre (402)475-7666                                                                                                                                                               | Family Sessions-eatment Assessment  (402)476-9623  ttic Group Home -                                                             |
| Juvenile Services:  Other Services:  Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                          | Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm;                                                                                                                                                                                                                                                                                                                                      | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient Therapy-Mental Health 2444 O St. Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tient Therapy including th; Assessment: Pre-Tre (402)475-7666                                                                                                                                                               | Family Sessions-eatment Assessment  (402)476-9623  ttic Group Home -                                                             |
| Juvenile Services:  Other Services:  Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                          | Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment                                                                                                                                                                                                                                                                                        | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient Therapy-Mental Health 2444 O St. Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tient Therapy including th; Assessment: Pre-Tre (402)475-7666                                                                                                                                                               | Family Sessions-eatment Assessment  (402)476-9623  ttic Group Home -                                                             |
| Juvenile Services:  Other Services:  Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Berry, Cora                            | Co-Occurring Treatment; Adult Non-Residential 3 Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale;  Cora S. Berry, PC  Adult Assessment Services Substance Abuse Expanily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential                                                 | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient Therapy-Mental Health 2444 O St. Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Septient: Psychological Evaluation; Assessment: Juvenile Who Sexually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tient Therapy including th; Assessment: Pre-Tro  (402)475-7666  exually Harm; Therapeut Harm Risk Assessment  (308)340-1429  Adult Non-Residential curring Treatment; Adult on-Residential Service Outpatient - Individual; | Family Sessions- eatment Assessment  (402)476-9623  ttic Group Home - nt  (308)345-6513  Services Outpatient - t Non-Residential |
| Juvenile Services:  Other Services:  Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Berry, Cora                            | Co-Occurring Treatment; Adult Non-Residential 3 Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale; Cora S. Berry, PC  Adult Assessment Services Substance Abuse Expanily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Residential Services Outpatient - Co-Occurring T | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient Therapy-Mental Health 2444 O St. Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Seent: Psychological Evaluation; Assessment: Juvenile Who Sexually 812 W 13th McCook NB 69001  Valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occide Assessment Services Substance Abuse Evaluations; Juvenile NI Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fam | tient Therapy including th; Assessment: Pre-Tro  (402)475-7666  exually Harm; Therapeut Harm Risk Assessment  (308)340-1429  Adult Non-Residential curring Treatment; Adult on-Residential Service Outpatient - Individual; | Family Sessions- eatment Assessment  (402)476-9623  ttic Group Home - nt  (308)345-6513  Services Outpatient - t Non-Residential |
| Juvenile Services:  Other Services:  Benesch, Kevin  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Berry, Cora  Substance Abuse Services: | Co-Occurring Treatment; Adult Non-Residential 3 Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid) Sliding Fee Scale; HopeSpoke  Outpatient Therapy - Youth Who Sexually Harm; Youth Who Sexually Harm Treatment; Assessment Sliding Fee Scale; Cora S. Berry, PC  Adult Assessment Services Substance Abuse Expanily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Residential Services Outpatient - Co-Occurring T | Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring outpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient Therapy-Mental Health 2444 O St. Lincoln NB 68510  Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Seent: Psychological Evaluation; Assessment: Juvenile Who Sexually 812 W 13th McCook NB 69001  Valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occide Assessment Services Substance Abuse Evaluations; Juvenile NI Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fam | tient Therapy including th; Assessment: Pre-Tro  (402)475-7666  exually Harm; Therapeut Harm Risk Assessment  (308)340-1429  Adult Non-Residential curring Treatment; Adult on-Residential Service Outpatient - Individual; | Family Sessions- eatment Assessment  (402)476-9623  ttic Group Home - nt  (308)345-6513  Services Outpatient - t Non-Residential |

| 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment        | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Adult Non-Residential<br>ces Substance Abuse<br>on-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A<br>SE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                            |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Crawford, Makayla         | Region II- Human Services                                                                                                                                                                                                                                     | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)284-6767                                                         | (308)284-3084                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Fisher, Joel              | Region II- Human Services                                                                                                                                                                                                                                     | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)539-1387                                                         | (308)532-1157                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
|                           | Non-Treatment: Professional Partner                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                             | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                            |
| Gill, Janeen              | Serenity Counseling Services                                                                                                                                                                                                                                  | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)737-1351                                                         |                                                                            |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion                                                                  |                                                                            |
|                           | Outpatient Therapy including Family Sessions-Me<br>Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                               | atient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D<br>ent: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing Group Sessions-Noay Treatment-Mental                              | Mental Health;<br>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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se<br>Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MERVICES Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Famil | Family; Adult Non-Re<br>ervices Substance Ab<br>I; Juvenile Non-Resic | esidential Services<br>ouse Evaluations;<br>dential Services               |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Thorony is sheet as                                                | Family Cossisses                                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder                                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpatie der                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt Therapy including                                                  | ramily Sessions-                                                           |

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone                                                                                                                      | Fax                                                                                                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)481-5392                                                                                                              |                                                                                                                   |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Occurring Treatment; Adult Non-Residential Services Intensive Out vices Short Term Residential; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | -Residential Services Opatient Treatment; Adu<br>ance Abuse Evaluatior<br>Residential Services O<br>ring Treatment; Juveni | Outpatient - Individua<br>It Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Other Services:           | 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;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                            | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)474-4343                                                                                                              | (402)474-6957                                                                                                     |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                      | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Romero, Ana               | Region II- Human Services                                                                                                                                                                                                             | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)324-6754                                                                                                              |                                                                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                   |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                     | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                   |
| 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                                                                                                                                     | valuations; Adult Non-Residential Services Outpatient - Groups; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ<br>e Assessment Services Substance Abuse Evaluations; Juvenile No<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Ju<br>ial Services Intensive Outpatient Treatment                                                                                                                                                                                              | urring Treatment; Adult<br>on-Residential Services                                                                         | : Non-Residential<br>s Outpatient - Group                                                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                                                                                                                   |
|                           | Outpotiont Thorony Individual Mantal Health: O                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ient Therapy including                                                                                                     | Family                                                                                                            |

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                              | Phone                                       | Fax                                    |
|---------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|
| Name                      | Agency                                                                                               | Addless                                                                                                                                                                                                                                              | Filone                                      | Гах                                    |
|                           | Sessions-Mental Health; Outpatient Therapy - C                                                       | o-occurring; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                         |                                             |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                      |                                             |                                        |
| Spencer, Jessie           | Region II- Human Services                                                                            | 1012 West 3rd McCook NB 69001                                                                                                                                                                                                                        | (308)345-2770                               | (308)345-2557                          |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                      |                                             |                                        |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                      |                                             |                                        |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                  |                                                                                                                                                                                                                                                      |                                             |                                        |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                               |                                                                                                                                                                                                                                                      |                                             |                                        |
| Stermensky, Dr. Gage      |                                                                                                      | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                   | (417)413-0085                               | (308)832-4844                          |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Adul<br>sive Outpatient Treatment; Juvenile Assessment Services Substance<br>ile Non-Residential Services Outpatient - Individual                                                    | Abuse Evaluations;                          | Juvenile Non-                          |
|                           |                                                                                                      | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                    |                                             |                                        |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                        | Outpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat<br>of Assessment (Medicaid); Assessment: Mental Status Exam (MSE);<br>Assessment: Assessment: Co-Occurring | ient: Intensive Outpat                      | ient Therapy-Youth                     |
| Other Services:           | Sliding Fee Scale;                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                |                                             |                                        |
| Tidyman, Mary             | Heartland Counseling                                                                                 | 110 N Bailey PO Box 1209 North Platte NB 69101                                                                                                                                                                                                       | (308)534-6029                               |                                        |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie      | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Individual                                                                                                                                                             | dult Non-Residential                        | Services Outpatient -                  |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                      |                                             |                                        |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                      |                                             |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                      |                                             |                                        |
| Vak, Ashley               | Region II- Human Services                                                                            | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                             | (308)532-4860                               | (308)532-1157                          |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                      |                                             |                                        |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                      |                                             |                                        |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                  |                                                                                                                                                                                                                                                      |                                             |                                        |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S     | <u> </u>                                                                                                                                                                                                                                             | Adult Non-Residentia rvices Intervention/Ed | Services Outpatient ducation; Juvenile |
|                           |                                                                                                      | Outpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                  | ent Therapy including                       | Family Sessions-                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name            | Agency                    | Address                                  | Phone         | Fax           |
|-----------------|---------------------------|------------------------------------------|---------------|---------------|
| Other Services: | Sliding Fee Scale;        |                                          |               |               |
| White, Sarah    | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)532-4860 | (308)532-1157 |

Substance Abuse Services:
Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

Other Services: Sliding Fee Scale;

### **Registered Service Providers for County: Richardson**

| Name                                                                   | Agency                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                                        | Fax                                                       |
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| Austen, Robin                                                          | Region V Systems-Behavioral Health Authority                                                                                                                             | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                           | (402)471-4326                                                                                |                                                           |
| Substance Abuse Services:                                              |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Mental Health Services:                                                |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Juvenile Services:                                                     | Non-Treatment: Professional Partner                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| 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;                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Dirks, Tamara                                                          |                                                                                                                                                                          | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                                                                      | (402)461-4960                                                                                |                                                           |
| Substance Abuse Services:                                              |                                                                                                                                                                          | Evaluations; Adult Non-Residential Services Intervention/Educati                                                                                                                                                                                                                                                                                                         |                                                                                              | vices Outpatient                                          |
| Mental Health Services:                                                | Groups; Adult Non-Residential Services Outpa                                                                                                                             | ttient - Family; Adult Non-Residential Services Outpatient - Individ                                                                                                                                                                                                                                                                                                     | lual                                                                                         |                                                           |
| Juvenile Services:                                                     |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
|                                                                        | Olidina Foo Cooley                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| 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 Serv                                                                                                                             | Evaluations; Adult Non-Residential Services Intervention/Educati<br>vices Outpatient - Groups; Adult Non-Residential Services Outpat<br>Services Outpatient - Co-Occurring Treatment; Adult Non-Residen                                                                                                                                                                  | ient - Family; Adult Non-Resid                                                               | lential Services                                          |
| Mental Health Services:                                                | Outpatient Therapy; Co-Occurring                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Juvenile Services:                                                     |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Doehling, Raechel                                                      | Houses of Hope                                                                                                                                                           | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                      | (402)435-3165                                                                                |                                                           |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Residential Services Halfway-House                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
|                                                                        | Sliding Fee Scale;                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                           |
| Johnson, Jill                                                          | Bryan Independence Center                                                                                                                                                | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                           | (402)481-5392                                                                                |                                                           |
| Substance Abuse Services:                                              | Adult Non-Residential Services Outpatient - Gr<br>Adult Non-Residential Services Outpatient - Co<br>Dual Residential (MH/SA); Adult Residential Services Outpatient - Co | Evaluations; Adult Non-Residential Services Intervention/Educati roups; Adult Non-Residential Services Outpatient - Family; Adult 10-Occurring Treatment; Adult Non-Residential Services Intensive ervices Short Term Residential; Juvenile Assessment Services Suvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential | Non-Residential Services Out<br>Outpatient Treatment; Adult F<br>ubstance Abuse Evaluations; | patient - Individu<br>Residential Servid<br>Juvenile Non- |

### **Registered Service Providers for County: Richardson**

| Name                                                                                                                                                                                                   | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                       | Fax                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                        | Services Outpatient - Co-Occurring Treatm<br>Care; Juvenile Residential Services Short T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ent; Juvenile Non-Residential Services Intensive Outpatient Treatr                                                                                                                                                                                                                                                          | ment; Juvenile Non-Resident                                                                                 | al Services Partial                                        |
| Mental Health Services:                                                                                                                                                                                | Care, davernie recoldential cervices chore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | om residential                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                            |
| Juvenile Services:                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                            |
| Other Services:                                                                                                                                                                                        | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                            |
| Jones, James                                                                                                                                                                                           | Community Justice Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                               | (402)429-1050                                                                                               |                                                            |
| Substance Abuse Services:                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                            |
| Mental Health Services:                                                                                                                                                                                | Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                            |
|                                                                                                                                                                                                        | Non-Treatment: Day Reporting; Non-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nent: General Education Class                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                            |
| Other Services:                                                                                                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                            |
| Maher, Nicole                                                                                                                                                                                          | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 820 Central Suite 4 Auburn NB 68305                                                                                                                                                                                                                                                                                         | (402)274-4373                                                                                               | (402)274-5442                                              |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | patient - Individual; Adult Non-Residential Services Outpatient - C<br>venile Non-Residential Services Intervention/Education; Juvenile N                                                                                                                                                                                   | Non-Residential Services Out                                                                                |                                                            |
| Juvenile Services:                                                                                                                                                                                     | Juvenile Non-Residential Services Outpaties Outpatient Therapy; Pre-Treatment Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | venile Non-Residential Services Intervention/Education; Juvenile Non- Individual; Juvenile Non-Residential Services Outpatient - Co-                                                                                                                                                                                        | Non-Residential Services Out<br>Occurring Treatment                                                         | patient - Family;                                          |
| Juvenile Services:<br>Other Services:                                                                                                                                                                  | Juvenile Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | venile Non-Residential Services Intervention/Education; Juvenile Nont - Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring                                                                                                                                                 | Non-Residential Services Out<br>Occurring Treatment                                                         | patient - Family;                                          |
| Juvenile Services:<br>Other Services:<br>Martin, Kelly                                                                                                                                                 | Juvenile Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Co-Occurring Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | venile Non-Residential Services Intervention/Education; Juvenile Non Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health; 2633 P St Lincoln NB 68503                                                        | Non-Residential Services Out<br>Occurring Treatment  Outpatient Therapy - Co-occ                            | patient - Family;<br>urring; Assessment:                   |
| Juvenile Services:<br>Other Services:<br>Martin, Kelly                                                                                                                                                 | Juvenile Non-Residential Services Outpaties Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Co-Occurring Sliding Fee Scale; Touchstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | venile Non-Residential Services Intervention/Education; Juvenile Non Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health; 2633 P St Lincoln NB 68503                                                        | Non-Residential Services Out<br>Occurring Treatment  Outpatient Therapy - Co-occ                            | patient - Family;<br>urring; Assessment:                   |
| Juvenile Services: Other Services: Martin, Kelly Substance Abuse Services:                                                                                                                             | Juvenile Non-Residential Services Outpaties Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Co-Occurring Sliding Fee Scale; Touchstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | venile Non-Residential Services Intervention/Education; Juvenile Non Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health; 2633 P St Lincoln NB 68503                                                        | Non-Residential Services Out<br>Occurring Treatment  Outpatient Therapy - Co-occ                            | patient - Family;<br>urring; Assessment:                   |
| Juvenile Services: Other Services:  Martin, Kelly Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                 | Juvenile Non-Residential Services Outpaties Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Co-Occurring Sliding Fee Scale; Touchstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | venile Non-Residential Services Intervention/Education; Juvenile Non Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health; 2633 P St Lincoln NB 68503                                                        | Non-Residential Services Out<br>Occurring Treatment  Outpatient Therapy - Co-occ                            | patient - Family;<br>urring; Assessment                    |
| Juvenile Services:  Other Services:  Martin, Kelly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                                                            | Juvenile Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Co-Occurring Sliding Fee Scale; Touchstone Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | venile Non-Residential Services Intervention/Education; Juvenile Non Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health; 2633 P St Lincoln NB 68503                                                        | Non-Residential Services Out<br>Occurring Treatment  Outpatient Therapy - Co-occ                            | patient - Family;<br>urring; Assessment:                   |
| Juvenile Services:  Other Services:  Martin, Kelly  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                                                            | Juvenile Non-Residential Services Outpaties Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Heal Co-Occurring Sliding Fee Scale; Touchstone Adult Residential Services Short Term Residential Sliding Fee Scale; Mid-Plains Center for Behavioral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | venile Non-Residential Services Intervention/Education; Juvenile Nont - Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health;  2633 P St Lincoln NB 68503                                                    | Non-Residential Services Out-<br>Occurring Treatment  Outpatient Therapy - Co-occ  (402)474-4343            | patient - Family;<br>urring; Assessment:                   |
| Juvenile Services: Other Services: Martin, Kelly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Nichols, Kayla Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Heal Co-Occurring Sliding Fee Scale; Touchstone Adult Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Shor | venile Non-Residential Services Intervention/Education; Juvenile Nont - Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health;  2633 P St Lincoln NB 68503  dential  620 N 48th St Suite 303 Lincoln NB 68504 | Non-Residential Services Out-Occurring Treatment  Outpatient Therapy - Co-occ  (402)474-4343  (402)261-9273 | epatient - Family;<br>urring; Assessment:<br>(402)474-6957 |
| Juvenile Services: Other Services: Martin, Kelly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Nichols, Kayla Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Heal Co-Occurring Sliding Fee Scale; Touchstone Adult Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Short Services Shor | venile Non-Residential Services Intervention/Education; Juvenile Nont - Individual; Juvenile Non-Residential Services Outpatient - Comment (bio-psychosocial); Co-Occurring Ith; Outpatient Therapy including Family Sessions-Mental Health;  2633 P St Lincoln NB 68503                                                    | Non-Residential Services Out-Occurring Treatment  Outpatient Therapy - Co-occ  (402)474-4343  (402)261-9273 | epatient - Family;<br>urring; Assessment:<br>(402)474-6957 |

### **Registered Service Providers for County: Richardson**

| Name                      | Agency                                                                                                                  |                       | Address                                        | Phone               | Fax                   |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------|---------------------|-----------------------|
| Prater, Jackie            | HopeSpoke                                                                                                               | 2444 O St Linco       | In NB 68510                                    | (402)475-7666       | (402)476-9623         |
| Substance Abuse Services: |                                                                                                                         |                       |                                                |                     |                       |
| Mental Health Services:   |                                                                                                                         |                       |                                                |                     |                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                        |                       |                                                | atment Day Treatme  | nt-Mental Health;     |
| Other Services:           | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Se                          |                       | entai Status Exam (MSE)                        |                     |                       |
| Guier Gerviese.           | Oliding Fee Ocale, Flearing Impalied, Billingual Oc                                                                     | or vioco,             |                                                |                     |                       |
| Schmidt, Sharon           | The Resolution Center                                                                                                   | 120 South 5th S       | treet Beatrice NB 68310                        | (402)223-6061       | (402)223-6625         |
| Substance Abuse Services: |                                                                                                                         |                       |                                                |                     |                       |
| Mental Health Services:   |                                                                                                                         |                       |                                                |                     |                       |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                          | nflict Mediation; Non | -Treatment: Expedited Family Group Conference  | Э                   |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                      |                       |                                                |                     |                       |
| Threats, Deb              | Associates in Counseling & Treatment                                                                                    | 600 North Cotne       | r, Ste.119 Lincoln NB 68505                    | (402)261-6667       | (402)261-6526         |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                            |                       |                                                | ult Non-Residential | Services Outpatient - |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie                                                                         | nt - Family; Adult No | n-Residential Services Outpatient - Individual |                     |                       |
| Juvenile Services:        |                                                                                                                         |                       |                                                |                     |                       |
|                           | Sliding Fee Scale;                                                                                                      |                       |                                                |                     |                       |
|                           | Julianing 1 do Coale,                                                                                                   |                       |                                                |                     |                       |
| 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<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential |                       |                                                |                     |                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                            | (bio-psychosocial); ( | Co-Occurring                                   |                     |                       |
| Juvenile Services:        |                                                                                                                         |                       |                                                |                     |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                      |                       |                                                |                     |                       |
| White, Nichole            | Blue Valley Behavioral Health                                                                                           | 1123 N 9th St         | Beatrice NB 68310                              | (402)228-3386       |                       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                         | ,                     | ·                                              | ult Non-Residential | Services Outpatient - |
| Mental Health Services:   | •                                                                                                                       | •                     | ·                                              |                     |                       |
| Juvenile Services:        |                                                                                                                         |                       |                                                |                     |                       |
| 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                                                   | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Adult Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | dult Non-Residential                           | Services Outpatient -                  |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                        |
| Other Services:                               | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of<br>Serenity                                               | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                  | (402)562-6458                          |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resid<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                        |
| Mental Health Services:                       |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| Juvenile Services:                            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| 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                                                   | valuations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Family; Adult Non-Re                           | esidential Services                    |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                        |
| Juvenile Services:                            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
| Other Services:                               | Sliding Fee Scale; Bilingual 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<br>Co-Occurring Treatment; Juvenile Non-Residenti | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Alial Services Intervention/Education; Juvenile Non-Residential Services outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services - Ind | Adult Non-Residential<br>es Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services:                       | Pre-Treatment Assessment (bio-psychosocial); C                                                    | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                        |
| Juvenile Services:                            | Assessment: Co-Occurring                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |
|                                               | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services: Juvenile Services:

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                                    | Fax                                                                                                                    |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Frank, Abigail            | Heartland Counseling Services, Inc.                                                                                                                                                                                                   | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)336-2800                                                                                                            | (402)336-2849                                                                                                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Astervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Fo-Occurring Treatment                                                                                                                                                                                | dult Non-Residential vices Intervention/Ed                                                                               | Services Outpatient -<br>ducation; Juvenile                                                                            |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                            | nt Therapy including                                                                                                     | Family Sessions-                                                                                                       |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                        |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                      | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)564-9994                                                                                                            | (402)562-6458                                                                                                          |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur lesidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Services Intensive Outpatient Treatment                                                                                                                            | ring Treatment; Adul<br>Services Substance                                                                               | t Non-Residential<br>Abuse Evaluations;                                                                                |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                        |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid)                                                                                                                                                  | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                          | ent Therapy - Co-occ                                                                                                     | urring; Assessment:                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                        |
| Hampton, Betty            | Hampton Behavioral Health & Family Services, Inc                                                                                                                                                                                      | 116 West Douglas St Suite B O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)336-3200                                                                                                            | (402)336-3219                                                                                                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                          | raluations; Juvenile Assessment Services Substance Abuse Evaluati                                                                                                                                                                                                                                                                                                                                                                                            | ons                                                                                                                      |                                                                                                                        |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                        |
| Juvenile Services:        | Outpatient Therapy including Group Sessions-Me                                                                                                                                                                                        | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie<br>ental Health; Outpatient Therapy including Family Sessions-Mental H<br>aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ                                                                                                                                                                                                                                                | lealth; Outpatient The                                                                                                   |                                                                                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                        |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                             | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)481-5392                                                                                                            |                                                                                                                        |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpatient Term Residential; Juvenile Assessment Services Substanties Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | tesidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Dutpatient - Individual;<br>ilt Residential Services<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |

| Name                      | Agency                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                       | Fax                                                             |  |  |  |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|--|--|--|
| Other Services:           | 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;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                 | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                               |                                                                 |  |  |  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grod Adult Non-Residential Services Intensive Outpat                                                    | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reient Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - G | Residential Services Ou<br>uvenile Assessment Se                            | tpatient - Individua<br>ervices Substance                       |  |  |  |
| Mental Health Services:   | Comes Calpanent manual                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                    | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                 |  |  |  |
| Mackling, Jamie           | Heartland Counseling Services, Inc.                                                                                                                 | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                               | (402)494-3655                                                   |  |  |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Adult Non-Residential S<br>ces Substance Abuse I<br>on-Residential Services | ervices Outpatient<br>Evaluations; Juveni<br>Outpatient - Famil |  |  |  |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Juvenile Services:        |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual S                                                                                                    | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                 |  |  |  |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                           | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)753-9415                                                               |                                                                 |  |  |  |
| Substance Abuse Services: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Mental Health Services:   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                      | onflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e                                                                           |                                                                 |  |  |  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                 |  |  |  |
| Williamson, Michael       | Heartland Counseling Services, Inc.                                                                                                                 | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)336-2800                                                               |                                                                 |  |  |  |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment                                                                           | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                 |  |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                 |  |  |  |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outp                                                                                                         | Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                 |  |  |  |

| Name                      | Agency                                                                                                                                                                                                                                | Add                                                                                                             | dress                                                                                                     | Phone                                                               | Fax                                            |
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| Other Services:           | Health; Outpatient Therapy including Family Ses:<br>Pre-Treatment Assessment (Medicaid); Assessm<br>Sliding Fee Scale;                                                                                                                |                                                                                                                 | nerapy - Eating Disorder; Outpatient                                                                      | Therapy - Co-occur                                                  | ring; Assessment:                              |
| Yunker, Kimberley         | 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<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education<br>Juvenile Non-Residential Services Outpatient - Ir | ent - Family; Adult Non-Residential<br>Services Intensive Outpatient Trea<br>; Juvenile Non-Residential Service | Services Outpatient - Individual; Actment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nor | lult Non-Residential<br>es Substance Abuse<br>n-Residential Service | Services Outpatient -<br>Evaluations; Juvenile |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                 |                                                                                                           |                                                                     |                                                |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                                                                                                |                                                                                                                 |                                                                                                           |                                                                     |                                                |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                     | ervices;                                                                                                        |                                                                                                           |                                                                     |                                                |

| Name                                                                                                                                                                                                                                              | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                                                                                                                                                                                                                         | Fax                                                                                                                                                                    |
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| Austen, Robin                                                                                                                                                                                                                                     | Region V Systems-Behavioral Health Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)471-4326                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
| Substance Abuse Services:                                                                                                                                                                                                                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| Mental Health Services:                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| Juvenile Services:                                                                                                                                                                                                                                | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| 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:                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluations; Adult Non-Residential Services Intervention/Ed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                             | Services Outpatient                                                                                                                                                    |
| Mental Health Services:                                                                                                                                                                                                                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | atient - Family; Adult Non-Residential Services Outpatient - I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Individual                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on-Treatment: General Education Class; Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | v - Individual-Mental Health: Outp                                                                                                                                                                                                                                                                                                                                                                            | atient Therany                                                                                                                                                         |
|                                                                                                                                                                                                                                                   | including Group Sessions-Mental Health; Outp<br>Therapy - Co-occurring; Assessment: Pre-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | patient Therapy including Family Sessions-Mental Health; Or<br>atment Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | utpatient Therapy - Eating Disord                                                                                                                                                                                                                                                                                                                                                                             | er; Outpatient                                                                                                                                                         |
| Other Services:                                                                                                                                                                                                                                   | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| Danah siah ti asi                                                                                                                                                                                                                                 | Recovery Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)742-9616                                                                                                                                                                                                                                                                                                                                                                                                 | (402)742-9116                                                                                                                                                          |
| Bonebright, Lori Substance Abuse Services:                                                                                                                                                                                                        | Adult Assessment Services Substance Abuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Evaluations; Adult Non-Residential Services Intervention/Ed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ducation; Adult Non-Residential S                                                                                                                                                                                                                                                                                                                                                                             | Services Outpatient -                                                                                                                                                  |
| Substance Abuse Services:                                                                                                                                                                                                                         | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ducation; Adult Non-Residential S<br>Individual; Adult Non-Residential<br>ential Services Intervention/Educa                                                                                                                                                                                                                                                                                                  | Services Outpatient -<br>Services Intensive<br>ation; Juvenile Non-                                                                                                    |
| Substance Abuse Services:  Mental Health Services:                                                                                                                                                                                                | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpoutpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Adult Adult Adult Adult Adult Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Assessment Services Substance Abuse Groups; Adult Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Inten | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residerenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ducation; Adult Non-Residential S<br>Individual; Adult Non-Residential<br>ential Services Intervention/Educa                                                                                                                                                                                                                                                                                                  | Services Outpatient -<br>Services Intensive<br>ation; Juvenile Non-                                                                                                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                                                                                            | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residerenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ducation; Adult Non-Residential S<br>Individual; Adult Non-Residential<br>ential Services Intervention/Educa                                                                                                                                                                                                                                                                                                  | Services Outpatient -<br>Services Intensive<br>ation; Juvenile Non-                                                                                                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                                                                                            | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpoutpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Adult Adult Adult Adult Adult Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Assessment Services Substance Abuse Groups; Adult Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Country of the Adult Non-Residential Services Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Intensive Inten | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residerenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ducation; Adult Non-Residential S<br>Individual; Adult Non-Residential<br>ential Services Intervention/Educa                                                                                                                                                                                                                                                                                                  | Services Outpatient -<br>Services Intensive<br>ation; Juvenile Non-                                                                                                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                                                                                                            | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residerenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ducation; Adult Non-Residential S<br>Individual; Adult Non-Residential<br>ential Services Intervention/Educa                                                                                                                                                                                                                                                                                                  | Services Outpatient -<br>Services Intensive<br>ation; Juvenile Non-                                                                                                    |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services:                                                                                                                    | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment Sersidential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Outpatients                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  Int: Evening Reporting  1640 L St Suite C Lincoln NB 68508  E Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ducation; Adult Non-Residential S Individual; Adult Non-Residential S ential Services Intervention/Educa e Non-Residential Services Outpa  (402)730-6802 ducation; Adult Non-Residential S                                                                                                                                                                                                                    | Services Outpatient -<br>Services Intensive<br>stion; Juvenile Non-<br>tient - Individual;                                                                             |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:  Denney, Rachel Substance Abuse Services: Mental Health Services:                                                                                           | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  1640 L St Suite C Lincoln NB 68508  Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I ial Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ducation; Adult Non-Residential S Individual; Adult Non-Residential s ential Services Intervention/Educa e Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential                                                                                                                                                                                 | Services Outpatient - Services Intensive Ition; Juvenile Non- Itient - Individual;  Services Outpatient - Services Outpatient                                          |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                         | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpoutpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatments Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Therapy  Outpatient Therapy - Individual-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  Int: Evening Reporting  1640 L St Suite C Lincoln NB 68508  E Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ducation; Adult Non-Residential S Individual; Adult Non-Residential s ential Services Intervention/Educa e Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential                                                                                                                                                                                 | Services Outpatient - Services Intensive Ition; Juvenile Non- tient - Individual;  Services Outpatient - Services Outpatient                                           |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                         | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  1640 L St Suite C Lincoln NB 68508  Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I ial Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ducation; Adult Non-Residential S Individual; Adult Non-Residential s ential Services Intervention/Educa e Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential                                                                                                                                                                                 | Services Outpatient - Services Intensive Ition; Juvenile Non- tient - Individual;  Services Outpatient - Services Outpatient                                           |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                         | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpoutpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatments Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Therapy  Outpatient Therapy - Individual-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  1640 L St Suite C Lincoln NB 68508  Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - I ial Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ducation; Adult Non-Residential S Individual; Adult Non-Residential s ential Services Intervention/Educa e Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential                                                                                                                                                                                 | Services Outpatient - Services Intensive Aution; Juvenile Non- tient - Individual;  Services Outpatient - Services Outpatient                                          |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                                         | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment Sesidential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatments Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outp. Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy - Individual-Mental Health Sliding Fee Scale;  Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services | Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - Itervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  1640 L St Suite C Lincoln NB 68508  Evaluations; Adult Non-Residential Services Intervention/Edatient - Family; Adult Non-Residential Services Outpatient - Ital Services Intensive Outpatient Treatment  Coutpatient Therapy including Family Sessions-Mental Heal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ducation; Adult Non-Residential S Individual; Adult Non-Residential S ential Services Intervention/Educate Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential S Ith; Outpatient Therapy - Co-occu  (402)461-4960  ducation; Adult Non-Residential S Outpatient - Family; Adult Non-Residential S Outpatient - Family; Adult Non-Residential S | Services Outpatient - Services Intensive Intion; Juvenile Non- tient - Individual;  Services Outpatient - Services Outpatient  Tring  Services Care Sidential Services |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Other Services: Dirks, Tamara Substance Abuse Services: | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment Sesidential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatments Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outp. Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy - Individual-Mental Health Sliding Fee Scale;  Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services | Evaluations; Adult Non-Residential Services Intervention/Edition - Family; Adult Non-Residential Services Outpatient - Its Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  1640 L St Suite C Lincoln NB 68508  Evaluations; Adult Non-Residential Services Intervention/Editional Services Intervention - Ital Services Intensive Outpatient Treatment  2109 S 24th St Lincoln NB 68502  Evaluations; Adult Non-Residential Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Se | ducation; Adult Non-Residential S Individual; Adult Non-Residential S ential Services Intervention/Educate Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential S Ith; Outpatient Therapy - Co-occu  (402)461-4960  ducation; Adult Non-Residential S Outpatient - Family; Adult Non-Residential S Outpatient - Family; Adult Non-Residential S | Services Outpatient - Services Intensive Intion; Juvenile Non- tient - Individual;  Services Outpatient - Services Outpatient  Tring  Services Care Sidential Services |
| Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Other Services: Dirks, Tamara Substance Abuse Services: | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpout Outpatient Treatment; Juvenile Assessment Sesidential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Control Non-Treatment: Day Reporting; Non-Treatments Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Therapy Outpatient Therapy - Individual-Mental Health Sliding Fee Scale;  Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse Monitoring SA/MH; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Evaluations; Adult Non-Residential Services Intervention/Edition - Family; Adult Non-Residential Services Outpatient - Its Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Outpatient Treatment  1640 L St Suite C Lincoln NB 68508  Evaluations; Adult Non-Residential Services Intervention/Editional Services Intervention - Ital Services Intensive Outpatient Treatment  2109 S 24th St Lincoln NB 68502  Evaluations; Adult Non-Residential Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Intervention/Editional Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Se | ducation; Adult Non-Residential S Individual; Adult Non-Residential S ential Services Intervention/Educate Non-Residential Services Outpa  (402)730-6802  ducation; Adult Non-Residential S Individual; Adult Non-Residential S Ith; Outpatient Therapy - Co-occu  (402)461-4960  ducation; Adult Non-Residential S Outpatient - Family; Adult Non-Residential S Outpatient - Family; Adult Non-Residential S | Services Outpatient - Services Intensive Intion; Juvenile Non- tient - Individual;  Services Outpatient - Services Outpatient  Tring  Services Care Sidential Services |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                                                                                     | Fax                                                                                           |
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| Dirks, Tamara             |                                                                                                                                                                                                                                                               | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)461-4960                                                                                                                             |                                                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           | Services Outpatient                                                                           |
| Mental Health Services:   |                                                                                                                                                                                                                                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Doehling, Raechel         | Houses of Hope                                                                                                                                                                                                                                                | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)435-3165                                                                                                                             |                                                                                               |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Juvenile Services:        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Elnour, Safaa             | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                            | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (319)594-4183                                                                                                                             |                                                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ir                                                                                                                                                                                                             | ntensive Outpatient: Intensive Outpatient Therapy-Mental Hea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lth                                                                                                                                       |                                                                                               |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Giles, Nicholas           | Counseling Affiliates of Nebraska                                                                                                                                                                                                                             | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)488-0077                                                                                                                             | (402)488-0017                                                                                 |
| Substance Abuse Services: |                                                                                                                                                                                                                                                               | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           |                                                                                               |
| Mental Health Services:   |                                                                                                                                                                                                                                                               | Treatment Assessment (bio-psychosocial); Co-Occurring; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ults who Sexually Harm Eva                                                                                                                | lluation; Psychologic                                                                         |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatier                                                                                                                                                               | Outpatient Therapy including Group Sessions-Mental Health; C<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive<br>at Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatien | Outpatient: Intensive Outpa<br>ntensive Outpatient Therapy                                                                                | tient Therapy-Mental<br>-Co-occurring;                                                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                                                               |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                     | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)481-5392                                                                                                                             |                                                                                               |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Gro<br>Adult Non-Residential Services Outpatient - Co-<br>Dual Residential (MH/SA); Adult Residential Ser<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Educaups; Adult Non-Residential Services Outpatient - Family; Adul Occurring Treatment; Adult Non-Residential Services Intensivices Short Term Residential; Juvenile Assessment Services renile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | It Non-Residential Services of e Outpatient Treatment; Adu Substance Abuse Evaluatio Non-Residential Services Coccurring Treatment; Juven | Outpatient - Individua<br>ult Residential Servic<br>ns; Juvenile Non-<br>outpatient - Family; |

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

Mental Health Services:

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                            | Phone                                                                     | Fax                                          |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |
| 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<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re<br>Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services Oesidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | rring Treatment; Adul<br>n-Residential Service<br>outpatient - Family; Ju | t Non-Residential<br>s<br>venile Non-Residen |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                   |                                                                           |                                              |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                                                                                              | Intensive Outpatient                                                      | : Intensive Outpatie                         |
| 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;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |
| Krejci, Ann               | Stephen Center                                                                                                                                                                                                                        | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                      | (402)715-5453                                                             | (402)715-5452                                |
|                           | Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    | n-Residential Service                                                     | s Outpatient - Co-                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                            | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                         | (402)474-4343                                                             | (402)474-6957                                |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                      | al                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                              |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                              |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Mentoring

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                       | Fax                                                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| McNichols, Stephanie      |                                                                                                                                   | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                    | (402)440-6496                                                               |                                                                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education;<br>int - Family; Adult Non-Residential Services Outpatient - Individual;<br>Services Intensive Outpatient Treatment; Juvenile Assessment Ser<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile<br>individual; Juvenile Non-Residential Services Outpatient - Co-Occur | ; Adult Non-Residential<br>rvices Substance Abuse<br>Non-Residential Servic | Services Outpatient<br>E Evaluations; Juven<br>es Outpatient - Fami |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring                                | utpatient Therapy including Group Sessions-Mental Health; Outpat<br>3                                                                                                                                                                                                                                                                                     | tient Therapy including                                                     | Family Sessions-                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Mulcahy, K Rachel         | Affirmation Drug and Alcohol Counseling                                                                                           | 301 S 70th St #313 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                     |
| Substance Abuse Services: |                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education;<br>int - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                                                                                                |                                                                             |                                                                     |
| Mental Health Services:   | Culpation Frounds                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Other Services:           | No Voucher Acceptance;                                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Nichols, Kayla            | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                  | (402)261-9273                                                               |                                                                     |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Juvenile Services:        | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Eating Disorder                                              | outpatient Therapy - Individual-Mental Health; Outpatient Therapy i                                                                                                                                                                                                                                                                                       | ncluding Family Sessio                                                      | ns-Mental Health;                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                                                 | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                               | (402)488-0077                                                               | (402)488-0017                                                       |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                                                   | tment Assessment (bio-psychosocial); Adults who Sexually Harm                                                                                                                                                                                                                                                                                             | Evaluation; Psychologic                                                     | cal Evaluation                                                      |
| Juvenile Services:        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
|                           | Sliding Fee Scale;                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Palacios , Juan           | Adjudicated Youth Services                                                                                                        | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                             | (402)739-1793                                                               |                                                                     |
| Substance Abuse Services: |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |
| Mental Health Services:   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                     |

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| Name                                          | Agency                                                                                                                                                 | Address                                                                                                                                                                            | Phone                 | Fax                   |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Prater, Jackie                                | HopeSpoke                                                                                                                                              | 2444 O St Lincoln NB 68510                                                                                                                                                         | (402)475-7666         | (402)476-9623         |
|                                               | Outpatient Therapy - Individual-Mental Health; Ou<br>Assessment: Pre-Treatment Assessment (Medica<br>Sliding Fee Scale; Hearing Impaired; Bilingual Se |                                                                                                                                                                                    | tment Day Treatmer    | nt-Mental Health;     |
| Schmidt, Sharon                               | The Resolution Center                                                                                                                                  | 120 South 5th Street Beatrice NB 68310                                                                                                                                             | (402)223-6061         | (402)223-6625         |
|                                               | Non-Treatment: Juvenile Offender/Victim and Con<br>Sliding Fee Scale;                                                                                  | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                 | )                     |                       |
| Stokebrand, Tera                              | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                                                     | 942 N 13th St Geneva NB 68361                                                                                                                                                      | (402)230-9130         |                       |
|                                               | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale;                                                                        | utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                                                 | ent: Pre-Treatment /  | Assessment            |
| Threats, Deb                                  | Associates in Counseling & Treatment                                                                                                                   | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                         | (402)261-6667         | (402)261-6526         |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                        | ult Non-Residential S | Services Outpatient - |
| Trauernicht, Joellyn                          | Blue Valley Behavioral Health                                                                                                                          | 1123 N 9th St Beatrice NB 68310                                                                                                                                                    | (402)228-3386         | (402)228-2004         |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient T<br>(bio-psychosocial); Co-Occurring |                       |                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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<br>Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-Connection   Non-Residential Services Intervention/Education; Juvenile Non Individual; Juvenile Non-Residential Services Outpatient - Co-Oct | ccurring Treatment; Juve<br>-Residential Services Out     | nile Assessment                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                             |                                                           |                                       |
|                           | Mental Health; Outpatient Therapy - Eating Disor<br>Mental Status Exam (MSE)                       | utpatient Therapy including Group Sessions-Mental Health; Out<br>der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treat                                                                                                                                               |                                                           |                                       |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                              |                                                           |                                       |
| Velasquez, Jesus          | Blue Valley Behavioral Health                                                                      | 3901 Normal Blvd #201 Lincoln NB 68506                                                                                                                                                                                                                                       | (402)657-2737                                             |                                       |
|                           |                                                                                                    | valuations; Adult Non-Residential Services Intervention/Educationes Outpatient - Groups; Adult Non-Residential Services Outpatien                                                                                                                                            |                                                           |                                       |
| Juvenile Services:        | Outpatient Therapy, Co-Occurring                                                                   |                                                                                                                                                                                                                                                                              |                                                           |                                       |
|                           | Sliding Fee Scale; Bilingual Services;                                                             |                                                                                                                                                                                                                                                                              |                                                           |                                       |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                     | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                              | (402)759-3802                                             | (402)759-3803                         |
| Substance Abuse Services: |                                                                                                    |                                                                                                                                                                                                                                                                              |                                                           |                                       |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                                                                                                              |                                                           |                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Assessment: Mental Status Exam (MSE); Assess        | ssessment: Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                   | t: Outpatient Psychiatric E                               | valuation;                            |
| Other Services:           | Sliding Fee Scale;                                                                                 | sinent. Medication Management                                                                                                                                                                                                                                                |                                                           |                                       |
| 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                                                       | raluations; Adult Non-Residential Services Outpatient - Co-Occu                                                                                                                                                                                                              | rring Treatment                                           |                                       |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                    | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessm                                                                                                                                                                                                                   | ent (bio-psychosocial)                                    |                                       |
| Juvenile Services:        |                                                                                                    | utpatient Therapy including Family Sessions-Mental Health; Ass<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessme                                                                                                                                                 |                                                           |                                       |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                              |                                                           |                                       |
| Wertz, Jill               |                                                                                                    | 3701 Union Drive Suite 100 Lincoln NB 68516                                                                                                                                                                                                                                  | (402)875-9270                                             |                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S   | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment         | ual; Adult Non-Residential<br>Il Services Intervention/Ed | Services Outpatien ducation; Juvenile |
| Mental Health Services:   | ouvormo 14011 recondential convices Outpatient - e                                                 | o coouning froduitont                                                                                                                                                                                                                                                        |                                                           |                                       |
| Juvenile Services:        |                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Out                                                                                                                                                                                                                |                                                           | Family Sessions-                      |

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

| Name                      | Agency                                                                                           |                   | Address                              | Phone                  | Fax                 |
|---------------------------|--------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|------------------------|---------------------|
| Other Services:           | Exam (MSE); Assessment: Co-Occurring; Assess<br>Sliding Fee Scale; No Voucher Acceptance;        | sment: Home Asses | sment (Foster Care Relative/Kinship) |                        |                     |
| White, Nichole            | Blue Valley Behavioral Health                                                                    | 1123 N 9th St     | Beatrice NB 68310                    | (402)228-3386          |                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Every Groups; Adult Non-Residential Services Outpatien |                   |                                      | ult Non-Residential Se | rvices Outpatient - |
| Mental Health Services:   | •                                                                                                | ,                 | ·                                    |                        |                     |
| Juvenile Services:        |                                                                                                  |                   |                                      |                        |                     |
| Other Services:           | Sliding Fee Scale;                                                                               |                   |                                      |                        |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services:

Other Services: Bilingual Services;

| Name                      | Agency                                                                                              | Address                                                                                                                                                                                                                                                                                                                | Phone                                        | Fax                                         |
|---------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| Ackerman, Deanna          | Heartland Family Service                                                                            | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                          | (402)553-3000                                |                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Non-Residentia | ation; Adult Non-Residential Services Care Monitoring SA/MH; Adult<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>al Services Intervention/Education; Juvenile Non-Residential Services<br>e Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>o-Occurring Treatment | dult Non-Residential S<br>Care Monitoring SA | Services Outpatient -<br>/MH; Juvenile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                      | bio-psychosocial)                                                                                                                                                                                                                                                                                                      |                                              |                                             |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpatie                                                    | Freatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                      |                                              |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Ajlouny, Alestin          | At Peace Therapy LLC                                                                                | 268 N. 115th St, Suite 1 Omaha NB 68154                                                                                                                                                                                                                                                                                | (402)413-9919                                |                                             |
| Substance Abuse Services: |                                                                                                     | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri                                                                                                                                                                         |                                              |                                             |
| Mental Health Services:   |                                                                                                     | tment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                      |                                              |                                             |
| Juvenile Services:        |                                                                                                     | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                |                                              |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Ajongo, Elizabeth         | Heartland Family Service                                                                            | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                          | (402)301-0904                                | (402)552-7497                               |
| Substance Abuse Services: |                                                                                                     |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Juvenile Services:        | Non-Treatment: Family Partner                                                                       |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Other Services:           | Bilingual Services;                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Akers, Anita              | Anita Akers PC                                                                                      | 11069 I St Omaha NB 68137                                                                                                                                                                                                                                                                                              | (402)933-4411                                |                                             |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat                                                   | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services                                                                                         | ance Abuse Evaluation                        | ons; Juvenile Non-                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                      | bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                        |                                              |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Int (Medicaid)                                       | ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Asse                                                                                                                                                                                                                                                    | ssment: Pre-Treatme                          | ent 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:   | Outpatient Therapy                                                                                  |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |
|                           |                                                                                                     |                                                                                                                                                                                                                                                                                                                        |                                              |                                             |

| Name                                    | Agency                                                                                               | Address                                                                                                                                     | Phone                                      | Fax                 |
|-----------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|
| Andersen, Brian                         | Capstone Behavioral Health                                                                           | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                             | (402)614-8444                              |                     |
| Substance Abuse Services:               |                                                                                                      |                                                                                                                                             |                                            |                     |
| Mental Health Services:                 | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                       | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)                                                                                  |                                            |                     |
| Juvenile Services:                      | Mental Health                                                                                        | outpatient Therapy including Group Sessions-Mental Health; Outpat                                                                           | ient Therapy including                     | Family Sessions-    |
| Other Services:                         | Sliding Fee Scale;                                                                                   |                                                                                                                                             |                                            |                     |
| Atherton, John                          | John Atherton Counseling Services                                                                    | 9140 W.Dodge Rd Ste. 422 Omaha NB 68114                                                                                                     | (402)397-2147                              | (402)391-2633       |
| Substance Abuse Services:               |                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education;<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi  |                                            | Services Outpatier  |
| Mental Health Services:                 | rainily, Addit Norr-Residential Services Odipatie                                                    | nt - Individual, Addit Nori-Residential Services Odipatient - Co-Occi                                                                       | ining rreatment                            |                     |
| Juvenile Services:                      |                                                                                                      |                                                                                                                                             |                                            |                     |
|                                         | Sliding Fee Scale;                                                                                   |                                                                                                                                             |                                            |                     |
| Atwood Heredia , Heather                |                                                                                                      | 16920 Patterson Drive Omaha NB 68135                                                                                                        | (402)320-5808                              | (402)502-4319       |
| Substance Abuse Services:               |                                                                                                      |                                                                                                                                             |                                            |                     |
| Mental Health Services:                 |                                                                                                      |                                                                                                                                             |                                            |                     |
| Juvenile Services:                      | Outpatient Therapy - Individual-Mental Health; O<br>Assessment: Pre-Treatment Assessment (Medic      | outpatient Therapy including Family Sessions-Mental Health; Outpat                                                                          | ient Therapy - Youth \                     | Who Sexually Harn   |
| Other Services:                         | Sliding Fee Scale; Bilingual Services;                                                               |                                                                                                                                             |                                            |                     |
| Austin, Willie                          | Buoyant Family Services Counseling and Consulting LLC                                                | 2701 Fort St Omaha NB 68111                                                                                                                 | (402)452-0102                              | (402)933-7786       |
| Substance Abuse Services:               | Adult Assessment Services Substance Abuse Ev                                                         | valuations; Adult Non-Residential Services Outpatient - Groups; Adı<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient |                                            | rvices Outpatient - |
| Mental Health Services:                 | ,,,,,                                                                                                |                                                                                                                                             |                                            |                     |
| Juvenile Services:                      |                                                                                                      |                                                                                                                                             |                                            |                     |
| Other Services:                         | Sliding Fee Scale;                                                                                   |                                                                                                                                             |                                            |                     |
| Austin, Willie                          | Infinite Avenues Counseling                                                                          | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                      | (402)452-0102                              | (402)885-7596       |
| Substance Abuse Services:               |                                                                                                      | valuations; Adult Non-Residential Services Outpatient - Groups; Ad                                                                          | ult Non-Residential Se                     | rvices Outpatient - |
| Mental Health Services:                 | Individual; Adult Non-Residential Services Intens                                                    | sive Outpatient Treatment                                                                                                                   |                                            |                     |
| Juvenile 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                                                         | valuations; Adult Non-Residential Services Outpatient - Individual                                                                          |                                            |                     |
| Mental Health Services:                 | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial); Co-Occurring                                                                                                            |                                            |                     |
| Juvenile Services:                      | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring | outpatient Therapy including Group Sessions-Mental Health; Outpat<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer          | ient Therapy including<br>ht: Co-Occurring | Family Sessions-    |
| Other Services:                         | Sliding Fee Scale;                                                                                   | - , , , , , ,                                                                                                                               | · ·                                        |                     |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                                                          | Fax                                                               |  |
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| Bader, Erin               | Lutheran Family Services of NE Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 124 S. 24th St., Suite 200 Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                            | (402)978-5672                                                                                                  |                                                                   |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
|                           | Out-Of-Home: Foster Care (Agency Supported)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Ballard, David            | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                               | (531)301-7817                                                                                                  | (402)885-7596                                                     |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | raluations; Adult Non-Residential Services Intervention/Education<br>int - Family; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                                                             |                                                                                                                |                                                                   |  |
| Mental Health Services:   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Barrett-McClendon,        | Complete Family Treatment Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                  | (888)405-8738                                                                                                  | (402)817-4894                                                     |  |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                                                                                                                                                                                                                                                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education<br>es Outpatient - Groups; Adult Non-Residential Services Outpatier<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia<br>Evaluations; Juvenile Non-Residential Services Intervention/Edual Services Outpatient - Groups; Juvenile Non-Residential Services<br>enile Non-Residential Services Outpatient - Co-Occurring Treatment | nt - Family; Adult Non-Ro<br>al Services Intensive Ou<br>acation; Juvenile Non-Ro<br>es Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>esidential Services |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                   |  |
|                           | Outpatient Therapy including Family Sessions-M<br>Intensive Outpatient Therapy-Mental Health; Inte<br>(Medicaid); Assessment: Mental Status Exam (M                                                                                                                                                                                                                                                                                                                                                                                          | atient Therapy - Individual-Mental Health; Outpatient Therapy incental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Ass SE); Assessment: Co-Occurring                                                                                                                                                                                                                            | erapy - 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: | 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 - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Mental Health Services:   | Outpatient Therapy: Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                   |  |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment:                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Others                    | Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                   |  |

| Name                      | Agency                                                                                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                        | Fax                                                                  |
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| Bell, Antoinette          | Thrive Omaha LLC                                                                                                                                                                                             | 3020 Curtis Ave Omaha NB 68112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)709-9849                                                                                |                                                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                            | aluations; Adult Non-Residential Services Intervention/Educati<br>nt - Family; Adult Non-Residential Services Outpatient - Indivic<br>rices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lual; Adult Non-Residential S<br>Services Outpatient - Groups                                | ervices Intensive<br>; Juvenile Non-                                 |
| Mental Health Services:   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                              | on-Treatment: Anger Management Class; Outpatient Therapy<br>re Outpatient: Intensive Outpatient Therapy-Mental Health; Ass<br>SE): Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           | oc), reconstruction of coordinary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                      |
| 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<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                             | aluations; Adult Non-Residential Services Intervention/Educati<br>nt - Family; Adult Non-Residential Services Outpatient - Indivic<br>Services Intensive Outpatient Treatment; Juvenile Assessment<br>Juvenile Non-Residential Services Outpatient - Groups; Juver<br>Idividual; Juvenile Non-Residential Services Outpatient - Co-O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lual; Adult Non-Residential S<br>Services Substance Abuse I<br>nile Non-Residential Services | ervices Outpatient -<br>Evaluations; Juvenile<br>Outpatient - Family |
| Mental Health Services:   |                                                                                                                                                                                                              | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e Co-Occurring Evaluation (C                                                                 | C/O); Pre-Treatment                                                  |
| Juvenile Services:        | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                                                                                                                                                      | oy-Mental Health; Intensive Outpatient: Intensive Outpatient Th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erapy-Co-occurring; Assessr                                                                  | ment: Pre-Treatment                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                      |
| Bernthaler, Beth          | NOVA TC                                                                                                                                                                                                      | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)991-8509                                                                                | (402)455-7050                                                        |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R<br>Juvenile Non-Residential Services Outpatient - G<br>Individual; Juvenile Non-Residential Services Ou | aluations; Adult Non-Residential Services Outpatient - Groups of - Individual; Adult Non-Residential Services Outpatient - Coesidential Services Therapeutic Community; Juvenile Assessm roups; Juvenile Non-Residential Services Outpatient - Family; to the total control of the total services of the total services of the total services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Short Term Resid | Occurring Treatment; Adult N<br>nent Services Substance Abu<br>Juvenile Non-Residential Se   | lon-Residential<br>use Evaluations;<br>rvices Outpatient -           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                      |
| Juvenile Services:        | Psychiatric Residential Treatment Facility; Asses                                                                                                                                                            | sment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                      |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                      |
| Beyer, Kara               | Beyer Counseling Services LLC                                                                                                                                                                                | 1406 Veterans Drive Suite 205 Elkhorn NB 68022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)707-4899                                                                                |                                                                      |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                             | aluations; Adult Non-Residential Services Intervention/Educati<br>nt - Family; Adult Non-Residential Services Outpatient - Indivic<br>ervices Substance Abuse Evaluations; Juvenile Non-Residenti<br>evenile Non-Residential Services Outpatient - Family; Juvenile<br>o-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lual; Adult Non-Residential S<br>al Services Intervention/Educ                               | ervices Outpatient -<br>cation; Juvenile                             |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                 | · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                             | utpatient Therapy including Family Sessions-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | utpatient Therapy - Eating                                                                   |                                                                      |

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                      | Phone                                          | Fax                                      |
|---------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|
|                           | Disorder; Outpatient Therapy - Co-occurring; Ass                                                  | essment: Co-Occurring                                                                                                                                                                                                                                                                        |                                                |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                              |                                                |                                          |
| Bibins, Barbara           |                                                                                                   | 12020 Shamrock Plaza Suite 200 Omaha NB 68154                                                                                                                                                                                                                                                | (402)708-2065                                  |                                          |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; A<br>tient - Co-Occurring Treatment                                                                                                                                                                                        | dult Non-Residential                           | Services Outpatient -                    |
| Mental Health Services:   |                                                                                                   | <b>5</b>                                                                                                                                                                                                                                                                                     |                                                |                                          |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                              |                                                |                                          |
| Birkland, Jordan          | Capstone Behavioral Health                                                                        | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                       | (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:           | Sliding Fee Scale; Hearing Impaired;                                                              |                                                                                                                                                                                                                                                                                              |                                                |                                          |
| Bonebright, Lori          | Recovery Center                                                                                   | 3200 O St Ste 5 Lincoln NB 68510                                                                                                                                                                                                                                                             | (402)742-9616                                  | (402)742-9116                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; ices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | Adult Non-Residentia<br>ces Intervention/Educ  | Services Intensive ation; Juvenile Non-  |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                |                                          |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: I                                                    | Evening Reporting                                                                                                                                                                                                                                                                            |                                                |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                              |                                                |                                          |
| Borer, Kersten            | Kersten Borer LLC                                                                                 | 7602 Pacific St Ste 304 Omaha NB 68114                                                                                                                                                                                                                                                       | (402)515-5383                                  | (402)933-6447                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S  | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; a ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment                       | Adult Non-Residentia<br>rvices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services:   |                                                                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatn                                                                                                                                                                                                                            | nent Assessment (bio                           | -psychosocial); Co-                      |
| Juvenile Services:        | 3                                                                                                 | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurr<br>tus Exam (MSE)                                                                                                                                                                                                        | ing; Assessment: Pre                           | -Treatment                               |
| Other Services:           | Sliding Fee Scale;                                                                                | , ,                                                                                                                                                                                                                                                                                          |                                                |                                          |

| 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:                            | 0                                              |                                                                                                                                                                                                                     |                        |     |
| Other Services.                               | Sliding Fee Scale;                             |                                                                                                                                                                                                                     |                        |     |
| Boryca, Kenneth                               | Nebraska Urban Indian Health Inc               | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                    | (402)346-0902          |     |
|                                               |                                                | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment                         |                        |     |
| Mental Health Services:<br>Juvenile Services: |                                                |                                                                                                                                                                                                                     |                        |     |
|                                               | Sliding Fee Scale;                             |                                                                                                                                                                                                                     |                        |     |
| Carlet Get violes.                            | Silding ree Scale,                             |                                                                                                                                                                                                                     |                        |     |
| Bounds, Becky                                 | Child Saving Institute                         | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                    | (402)504-3673          |     |
| Substance Abuse Services:                     |                                                |                                                                                                                                                                                                                     |                        |     |
| Mental Health Services:                       | 0.000                                          | 0.000                                                                                                                                                                                                               | 0.000                  |     |
| Juvenile Services:                            | (Relative/Kinship)                             | Out-Of-Home: Emergency Foster Care; Out-Of-Home: Respite Care;                                                                                                                                                      | Out-Of-Home: Foster C  | are |
| Other Services:                               | Bilingual Services;                            |                                                                                                                                                                                                                     |                        |     |
| Brown, Kelly                                  |                                                | 1718 N 105th ST Omaha NB 68114                                                                                                                                                                                      | (531)201-1913          |     |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse Ev   | raluations; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                  |                        |     |
| Mental Health Services:                       |                                                |                                                                                                                                                                                                                     |                        |     |
| 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 Pa | raluations; Adult Non-Residential Services Intervention/Education; Adritial Care; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr | Non-Residential Servic |     |
|                                               | Outpatient Therapy; Pre-Treatment Assessment   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                    |                        |     |
| Juvenile Services: Other Services:            | Sliding Fee Scale;                             |                                                                                                                                                                                                                     |                        |     |
| Other Services.                               | Siluling ree Scale,                            |                                                                                                                                                                                                                     |                        |     |

| Name                                                                       | Agency                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                              | Phone                                                        | Fax                  |
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| Bruha, Chantel                                                             | NOVA TC                                                                                                                                                                                                               | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                                                                                                                               | (402)991-8536                                                |                      |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Adult Residential Services Therapeutic Commun                                                                                                                                                                         | ity; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                               |                                                              |                      |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |                                                              |                      |
| Burnett, Heather                                                           | Concord Center                                                                                                                                                                                                        | 4225 N 90 Street Omaha NB 68134                                                                                                                                                                                                                                                                                      | (402)345-1131                                                |                      |
| Substance Abuse Services:  Mental Health Services:                         | Non-Treetment: Juvenile Offender/Victim and Co                                                                                                                                                                        | onflict Mediation; Non-Treatment: Expedited Family Group Co                                                                                                                                                                                                                                                          | nforonco                                                     |                      |
|                                                                            | Bilingual Services;                                                                                                                                                                                                   | minict Mediation, Non-Treatment. Expedited Family Group Co.                                                                                                                                                                                                                                                          | HIEIEHOE                                                     |                      |
| Calabrese, Shannon                                                         | Heartland Family Service                                                                                                                                                                                              | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                        | (402)515-2546                                                | (402)444-1703        |
| Substance Abuse Services:                                                  |                                                                                                                                                                                                                       | Evaluations; Juvenile Non-Residential Services Outpatient -<br>prvices Outpatient - Individual; Juvenile Non-Residential Services                                                                                                                                                                                    |                                                              |                      |
|                                                                            |                                                                                                                                                                                                                       | outpatient Therapy including Group Sessions-Mental Health; Crder; Outpatient Therapy - Co-occurring; Assessment: Pre-Trescurring                                                                                                                                                                                     |                                                              |                      |
| Cardenas, Crystal                                                          | Changes Counseling, LLC                                                                                                                                                                                               | 9374 N St Omaha NB 68127                                                                                                                                                                                                                                                                                             | (402)968-0869                                                |                      |
|                                                                            | Non-Treatment: Family Support Worker<br>Bilingual Services;                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                      |                                                              |                      |
| Carrison, Vanessa                                                          | Complete Family Treatment Services                                                                                                                                                                                    | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                  | (402)853-7898                                                |                      |
|                                                                            | Groups; Adult Non-Residential Services Outpatie<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Co-C<br>le Assessment Services Substance Abuse Evaluations; Juver<br>I Services Outpatient - Groups; Juvenile Non-Residential Servesidential Services Outpatient - Co-Occurring Treatment | Occurring Treatment; Adult National Non-Residential Services | Ion-Residential<br>s |
| Mental Health Services:                                                    | Outpatient Therapy                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |                                                              |                      |
|                                                                            |                                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Cg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu                                                                                                                                                                                             |                                                              |                      |

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                  | Phone                                                                | Fax                                                                         |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Carruthers, Ryan          | CenterPointe                                                                                                                                            | 1490 N 16th St Omaha NB 68102                                                                                                                                                                                                                                                                                                                            | (402)827-0570                                                        |                                                                             |
| Substance Abuse Services: |                                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention                                                                                                                              |                                                                      | Services Outpatient -                                                       |
| Mental Health Services:   | Groups, Adult Non-Residential Services Outpatier                                                                                                        | nt - Individual; Adult Non-Residential Services Intensive Outpatient Ti                                                                                                                                                                                                                                                                                  | realment                                                             |                                                                             |
|                           | (Medicaid)                                                                                                                                              | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health;                                                                                                                                                                                                                                                                                     | Assessment: Pre-T                                                    | reatment Assessment                                                         |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                             |
| Carter, Alyson            | Lutheran Family Services of NE Inc                                                                                                                      | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                                                                                                                                                               | (402)292-9105                                                        | (402)292-0342                                                               |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abuson-<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family; |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                             |
| Juvenile Services:        |                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As                                                                                                                                                                                                                 |                                                                      |                                                                             |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                             |
| Cave, Korina              | Lutheran Family Services of NE Inc                                                                                                                      | 1420 E Military Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                                     | (402)721-1774                                                        | (402)721-9689                                                               |
| Substance Abuse Services: |                                                                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur                                                                                                                                                                                                               |                                                                      |                                                                             |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                             |
| Juvenile Services:        |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                             |
| Chohon, Allen             | Alegent Health                                                                                                                                          | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                                                                                        | (402)758-5883                                                        | (402)758-5855                                                               |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien<br>Services Substance Abuse Evaluations; Juvenile                                                      | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Resider<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                                               | ing Treatment; Juve<br>ntial Services Outpa                          | nile Assessment                                                             |
| Mental Health Services:   | Crisis Phone Line; Emergency Medical Health Ev                                                                                                          | aluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psycho                                                                                                                                                                                                                                                                                       | osocial); Co-Occurri                                                 | ng                                                                          |
| Juvenile Services:        |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                             |
| 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                             |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Residential; Adult Residential Services Short Ter | raluations; Adult Residential Services Dual Residential (MH/SA); Adul<br>m Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | It Residential Service                        | es Extended                               |
|                           | Pre-Treatment Assessment (bio-psychosocial); C                                                    | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                           |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Cloyd, Christi            | Alegent Health                                                                                    | 7101 Newport Ave Ste 100 Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)572-2932                                 | (402)572-3467                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S  | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Astervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - | dult Non-Residential<br>vices Intervention/Ed | Services Outpatient<br>lucation; Juvenile |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Other Services:           | No Voucher Acceptance;                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| 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;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Connelly, Carolyn         | Boys Town                                                                                         | 13460 Walsh Dr Boys Town NB 68101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)498-3329                                 | (402)498-3375                             |
| Substance Abuse Services: |                                                                                                   | Evaluations; Juvenile Non-Residential Services Intervention/Educativices Outpatient - Individual; Juvenile Non-Residential Services Intervention/Educativices Outpatient - Individual; Juvenile Non-Residential Services Intervention/Educativices Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - I |                                               |                                           |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;<br>ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Intensive Outpatient:                         |                                           |
| Other Services:           | Hearing Impaired; Bilingual Services;                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                           |
| Cook, Count               | Confidential Counseling & Consulting C/O Count Cook                                               | 1941 S 42nd St Suite 110 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)457-5761                                 |                                           |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi                                                | raluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ive Outpatient Treatment; Juvenile Non-Residential Services Interver<br>dential Services Outpatient - Individual; Juvenile Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ntion/Education; Juve                         | enile Non-Residentia                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; On Mental Health; Assessment: Pre-Treatment Asse   | utpatient Therapy including Group Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt Therapy including                          | Family Sessions-                          |

| Name                                               | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                   | Phone                                                                     | Fax                                    |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------|
| 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 Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil<br>Juvenile Non-Residential Services Intensive Outp | raluations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Irvices Substance Abuse Evaluations; Juvenile Non-Resider le Non-Residential Services Outpatient - Family; Juvenile patient Treatment | ndividual; Adult Non-Residential S<br>ntial Services Intervention/Educati | ervices Intensive<br>on; Juvenile Non- |
|                                                    | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                    | eatment: Day Reporting; Non-Treatment: Anger Management; Non-Treatment: Family Partner                                                                                                                                                                    | ent Class; Non-Treatment: Genera                                          | al Education Clas                      |
| 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;                                                                                                                                                                                          |                                                                                                                                                                                                                                                           |                                                                           |                                        |
| Denney, Rachel                                     | Parallels                                                                                                                                                                                                  | 1640 L St Suite C Lincoln NB 68508                                                                                                                                                                                                                        | (402)730-6802                                                             |                                        |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S                                                                                                            | raluations; Adult Non-Residential Services Intervention/Ed<br>ent - Family; Adult Non-Residential Services Outpatient - Ir<br>Services Intensive Outpatient Treatment                                                                                     | •                                                                         |                                        |
|                                                    | 1                                                                                                                                                                                                          | utpatient Therapy including Family Sessions-Mental Healt                                                                                                                                                                                                  | h: Outpatient Therapy - Co-occurr                                         | ina                                    |
|                                                    | Sliding Fee Scale;                                                                                                                                                                                         | upation. Therapy moduling Farmily occasions within theat                                                                                                                                                                                                  | n, Outpatient Therapy - 00 occur                                          | mg                                     |
| Dexter, Loren                                      | Sage Counseling Omaha LLC                                                                                                                                                                                  | 13808 U St Omaha NB 68137                                                                                                                                                                                                                                 | (402)960-0073                                                             |                                        |
|                                                    | Individual; Adult Non-Residential Services Intens                                                                                                                                                          | raluations; Adult Non-Residential Services Outpatient - Groive Outpatient Treatment                                                                                                                                                                       | oups; Adult Non-Residential Servi                                         | ces Outpatient -                       |
| Mental Health Services:                            | 1                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           |                                                                           |                                        |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring                                                                                                          | utpatient Therapy including Group Sessions-Mental Health<br>g; Assessment: Co-Occurring                                                                                                                                                                   | n; Outpatient Therapy including Fa                                        | amily Sessions-                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                           |                                                                           |                                        |
| Diaz, Isabel                                       | Diaz Counseling LLC                                                                                                                                                                                        | 4107 so. 22nd St Omaha NB 68107                                                                                                                                                                                                                           | (402)706-1847                                                             |                                        |
| Substance Abuse Services:                          |                                                                                                                                                                                                            | raluations; Adult Non-Residential Services Intervention/Ed<br>ent - Family; Adult Non-Residential Services Outpatient - Ir                                                                                                                                |                                                                           |                                        |
|                                                    | Outpatient Treatment                                                                                                                                                                                       | me i amily, Addit Non Residential del vices datpatient - il                                                                                                                                                                                               | iamada, madi mon modiadinian o                                            | ervices intensive                      |
| Mental Health Services:  Juvenile Services:        | Outpatient Treatment                                                                                                                                                                                       | me i amily, Addit Non Residential del vices datpatient - il                                                                                                                                                                                               | iamada, rada rom roodomia o                                               | ervices intensive                      |

| 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; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient - Foruces Outpatient - Co-Occurring Treatment; Adult Non-Residential S                                                                                                                                                       | amily; Adult Non-Re                                                                          | sidential Services                                        |
| Juvenile Services:                                                                                                                    | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                           |
| Other Services:                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                           |
| Dirks, Tamara                                                                                                                         | Nebraska Urban Indian Health Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                   | (402)346-0902                                                                                | (402)342-5290                                             |
| Substance Abuse Services:                                                                                                             | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juve                                                                                                                                                                                                                                                                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Short Term Residential; Juvenile Assessment Services Substance A<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re<br>idividual; Juvenile Non-Residential Services Intensive Outpatient Tre | dult Non-Residential<br>Abuse Evaluations; Ju<br>Esidential Services Ou                      | Services Intensive<br>ivenile Non-<br>itpatient - Family; |
| Mental Health Services:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                           |
| Juvenile Services:                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                           |
| Other Services:                                                                                                                       | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                           |
| Earley, Morgan                                                                                                                        | Morgan Earley LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128                                                                                                                                                                                                                                                                                                                | (402)302-0353                                                                                |                                                           |
| Substance Abuse Services:                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aluations; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                              |                                                                                              |                                                           |
| Montal Hoolth Convices                                                                                                                | Residential Services Outpatient - Co-Occurring T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    | vices Outpatient - Inc                                                                       | lividual; Juvenile No                                     |
|                                                                                                                                       | Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual                                                                                                                                                                                                                                                                                                        | reatment                                                                                                                                                                                                                                                                                                                                                           | •                                                                                            | ·                                                         |
| Juvenile Services:                                                                                                                    | Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                           | reatment<br>(bio-psychosocial)                                                                                                                                                                                                                                                                                                                                     | •                                                                                            | ·                                                         |
| Juvenile Services:<br>Other Services:                                                                                                 | Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Ou<br>(Medicaid)                                                                                                                                                                                                                                                                                                                                                                      | reatment<br>(bio-psychosocial)                                                                                                                                                                                                                                                                                                                                     | •                                                                                            | ·                                                         |
| Juvenile Services:<br>Other Services:                                                                                                 | Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Ou<br>(Medicaid)<br>Sliding Fee Scale;<br>Mid-Plains Center for Behavioral                                                                                                                                                                                                                                                                                                            | reatment<br>(bio-psychosocial)<br>utpatient Therapy including Family Sessions-Mental Health; Assessn                                                                                                                                                                                                                                                               | nent: Pre-Treatment /                                                                        | ·                                                         |
| Juvenile Services:<br>Other Services:<br>Elnour, Safaa                                                                                | Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Ou<br>(Medicaid)<br>Sliding Fee Scale;<br>Mid-Plains Center for Behavioral                                                                                                                                                                                                                                                                                                            | reatment<br>(bio-psychosocial)<br>utpatient Therapy including Family Sessions-Mental Health; Assessn                                                                                                                                                                                                                                                               | nent: Pre-Treatment /                                                                        | ·                                                         |
| Juvenile Services: Other Services: Elnour, Safaa Substance Abuse Services: Mental Health Services: Juvenile Services:                 | Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment ( Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc  Outpatient Therapy - Individual-Mental Health; Int                                                                                                                                                                                                                                                        | reatment<br>(bio-psychosocial)<br>utpatient Therapy including Family Sessions-Mental Health; Assessn                                                                                                                                                                                                                                                               | nent: Pre-Treatment /                                                                        | ·                                                         |
| Juvenile Services: Other Services: Elnour, Safaa Substance Abuse Services: Mental Health Services: Juvenile Services:                 | Residential Services Outpatient - Co-Occurring T<br>Outpatient Therapy; Pre-Treatment Assessment (<br>Outpatient Therapy - Individual-Mental Health; Ou<br>(Medicaid)<br>Sliding Fee Scale;<br>Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                                                                                                          | reatment (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Assessn 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                            | nent: Pre-Treatment /                                                                        | ·                                                         |
| Juvenile Services: Other Services: Elnour, Safaa Substance Abuse Services: Mental Health Services: Juvenile Services:                 | Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment ( Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc  Outpatient Therapy - Individual-Mental Health; Int                                                                                                                                                                                                                                                        | reatment (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Assessn 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                            | nent: Pre-Treatment /                                                                        | ·                                                         |
| Juvenile Services: Other Services: Elnour, Safaa Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment ( Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Services;  Mid-Plains Center for Behavioral Healthcare Inc  Outpatient Therapy - Individual-Mental Health; Intelligible Behavioral Bilingual Services;  Capstone Behavioral Health  Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile | reatment (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Assessn 620 N 48th St Suite 303 Lincoln NB 68504 tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                             | (319)594-4183  (402)614-8444  Non-Residential Serving Treatment; Juverential Services Outpat | (402)614-8443 vices Outpatient - nile Assessment          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                       | Address                                                                                                                                                                                               | Phone                   | Fax                |
|---------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assess                                                                                                                                     | sment: Pre-Treatment A  | ssessment          |
| Other Services:           | Sliding Fee Scale;                                           |                                                                                                                                                                                                       |                         |                    |
| Fenwick, Christopher      | Alegent Health                                               | 3308 Samson Way Ste 203 Bellevue NB 68123                                                                                                                                                             | (402)717-7675           |                    |
| Substance Abuse Services: |                                                              | aluations; Adult Non-Residential Services Intensive Outpatient Tre-<br>es Dual Residential (MH/SA); Adult Residential Services Extended                                                               |                         | al Services        |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C               | o-Occurring                                                                                                                                                                                           |                         |                    |
| Juvenile Services:        |                                                              |                                                                                                                                                                                                       |                         |                    |
| Other Services:           | Sliding Fee Scale;                                           |                                                                                                                                                                                                       |                         |                    |
| Fintel, Kimberly          | Heartland Family Service                                     | 302 American Pkwy Papillion NB 68046                                                                                                                                                                  | (402)552-7062           |                    |
|                           | Individual; Adult Non-Residential Services Outpat            | aluations; Adult Non-Residential Services Outpatient - Groups; Adutient - Co-Occurring Treatment; Juvenile Assessment Services Suble Non-Residential Services Outpatient - Individual; Juvenile Non-R | stance Abuse Evaluation | ons; Juvenile Non- |
|                           |                                                              | utpatient Therapy including Group Sessions-Mental Health; Outpati                                                                                                                                     | ient Therany - Co-occur | ring               |
|                           | Sliding Fee Scale;                                           | arpatient merapy including Group Sessions-Meritar Health, Outpati                                                                                                                                     | ient merapy - co-occur  | illig              |
| Fuchs, Thomas             | ARCH INC                                                     | 604 South 37 St Omaha NB 68105                                                                                                                                                                        | (402)346-8898           |                    |
| Substance Abuse Services: | Adult Residential Services Halfway-House                     |                                                                                                                                                                                                       |                         |                    |
| Mental Health Services:   |                                                              |                                                                                                                                                                                                       |                         |                    |
| Juvenile Services:        |                                                              |                                                                                                                                                                                                       |                         |                    |
| Other Services:           | No Voucher Acceptance;                                       |                                                                                                                                                                                                       |                         |                    |
| 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; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                |                         | ervices Outpatient |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (               | (bio-psychosocial); Co-Occurring                                                                                                                                                                      |                         |                    |
| 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:   | Outpatient Therapy; Pre-Treatment Assessment (               | (bio-psychosocial)                                                                                                                                                                                    |                         |                    |
| Juvenile Services:        |                                                              |                                                                                                                                                                                                       |                         |                    |
| 0.1 0 .                   |                                                              |                                                                                                                                                                                                       |                         |                    |

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                         | Fax                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| Gasper, Jodi              | Boys Town                                                                                             | 13628 Flanagan Blvd Boys Town NB 68010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)498-3343                                 | (402)498-3333                           |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Juvenile Services:        |                                                                                                       | Home A; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Hoport Worker; Assessment: Home Assessment (Foster Care Relative/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | ster Care; Out-Of-                      |
| Other Services:           | Bilingual Services;                                                                                   | port worker, Assessment. Home Assessment (Foster Care Relative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Kilistiip)                                    |                                         |
| George, Timothy           | Adjudicated Youth Services                                                                            | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)812-6849                                 |                                         |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Juvenile Services:        |                                                                                                       | atment: Tracker (Except Douglas County); Non-Treatment: Supervise<br>on-Treatment: Anger Management Class; Non-Treatment: General E<br>t: Family Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                         |
| Other Services:           | Bilingual Services;                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                         |
| Giles, Nicholas           | Counseling Affiliates of Nebraska                                                                     | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                 | (402)488-0017                           |
| Substance Abuse Services: |                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Mental Health Services:   |                                                                                                       | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sexually Harm Eval                            | uation; Psychologica                    |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S<br>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 (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psychological (MSE); Assessment: Psych | ent: Intensive Outpat<br>Outpatient Therapy-  | ent 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<br>Outpatient Treatment; Juvenile Assessment Serv     | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>ices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>e Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dult Non-Residential<br>es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                         |

| Name                      | Agency                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                        | Phone                                         | Fax                                      |
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| Gonzalez, Beatriz         | BG Counseling and Consulting                                                                                                                                                                             | 1941 S 42nd St Suite 107 Omaha NB 68105                                                                                                                                                                                                                                                                        | (402)212-0027                                 | (402)300-1869                            |
| Substance Abuse Services: |                                                                                                                                                                                                          | cation; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>nce Abuse Evaluations; Juvenile Non-Residential Services Intervention                                                                                                                                                                |                                               |                                          |
| Mental Health Services:   | Convictor Carpanonic Training, Caverine From Resid                                                                                                                                                       | ioniai corrioco carpanoni marriada                                                                                                                                                                                                                                                                             |                                               |                                          |
| Juvenile Services:        | Non-Treatment: General Education Class; Outpar<br>Outpatient Therapy including Family Sessions-Me<br>Assessment: Co-Occurring                                                                            | tient Therapy - Individual-Mental Health; Outpatient Therapy including<br>ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr                                                                                                                                                                  | g Group Sessions-M<br>eatment Assessmen       | ental Health;<br>t (Medicaid);           |
| Other Services:           | Bilingual Services;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                |                                               |                                          |
| Good, Katie               | Lutheran Family Services of NE Inc                                                                                                                                                                       | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                  | (402)595-1338                                 |                                          |
| Substance Abuse Services: |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                               |                                          |
| Mental Health Services:   |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                               |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S                                                                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>Sexually Harm                                                                                                                                                                                                                           | t Therapy including                           | Family Sessions-                         |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                       |                                               |                                          |
| Green, Faith              | Heartland Family Service                                                                                                                                                                                 | 302 American Pkwy Papillion NB 68046                                                                                                                                                                                                                                                                           | (402)339-2544                                 |                                          |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - C |                                                                                                                                                                                                                                                                                                                | dult Non-Residential<br>rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                          |                                               |                                          |
| Juvenile Services:        |                                                                                                                                                                                                          | tient Therapy - Individual-Mental Health; Outpatient Therapy including<br>ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tro                                                                                                                                                                 |                                               |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                |                                               |                                          |
| Gregory, Nichole          |                                                                                                                                                                                                          | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                    | (402)720-1621                                 | (402)753-6445                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad<br>rices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential<br>s Intervention/Educa  | Services Intensive ation; Juvenile Non-  |
| Mental Health Services:   |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                               |                                          |
|                           | Non-Treatment: General Education Class                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                |                                               |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                |                                               |                                          |

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                   | Fax                                                                   |
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| Hall, John                | Complete Family Treatment Services                                                                                                                                                                                                                     | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)325-1290                                                           |                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Juvenile Non-Residential Services Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occur | dult Non-Residential<br>ces Substance Abuse<br>n-Residential Service    | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                       |
|                           |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1,                                                                      | Family Sessions-                                                      |
| Cirici Colvidos.          | Siluling ree Scale,                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                       |
| Hamilton, Teresa          | Hamilton Behavioral Health Services                                                                                                                                                                                                                    | 203 W 29th Ave #6 Bellevue NB 68005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)639-0435                                                           |                                                                       |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile<br>Non-Residential Services Outpatient - Individual;<br>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 Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ring Treatment; Juver<br>Intial Services Outpat                         | nile Assessment<br>tient - Family; Juveni                             |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occursessment: Co-Occurring                                                                                                                                 | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nt Therapy - Co-occu<br>nent: Mental Status E                           | urring; Intensive<br>Exam (MSE);                                      |
| 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; 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                                                           |                                                                       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Outpat                                                                                                                                                      | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Non-Residential Ser                                                     | vices Outpatient -                                                    |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                      | utpatient Therapy - Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                       |
| Hatcher, Julie            | Alegent Health                                                                                                                                                                                                                                         | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)758-5884                                                           |                                                                       |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Substance Abuse Evaluations; Juvenile<br>Juvenile Non-Residential Services Outpatient - In                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Residential Services Therapeutic Community or Therapeutic Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ring Treatment; Juver<br>idential Services Out<br>ng Treatment; Juvenil | nile Assessment patient - Family;                                     |

| Name                      | Agency                                                    | Address                                                                                                                                                                                                       | Phone                     | Fax                  |
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| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assess                  | ment (bio-psychosocial)                                                                                                                                                                                       | ·                         | •                    |
| Juvenile Services:        |                                                           | Ith; Outpatient Therapy including Family Sessions-Mental Health; Out o-occurring; Therapeutic Group Home-Co-Occurring; Assessment: Pr                                                                         |                           |                      |
| Other Services:           | Sliding Fee Scale;                                        |                                                                                                                                                                                                               |                           |                      |
| Hernandez, Tanya          | Nebraska Family Foundation                                | 3511 Pine Street Omaha NB 68105                                                                                                                                                                               | (402)578-5044             |                      |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                               |                           |                      |
| Mental Health Services:   |                                                           |                                                                                                                                                                                                               |                           |                      |
| Juvenile Services:        | Non-Treatment: Family Support Worker; No                  | on-Treatment: Day Reporting; Non-Treatment: Family Partner                                                                                                                                                    |                           |                      |
| Other Services:           | Bilingual Services;                                       |                                                                                                                                                                                                               |                           |                      |
| Heydenreich, Martha       |                                                           | 1304 Hickory Circle Papillion NB 68133                                                                                                                                                                        | (402)593-2208             | (402)593-2212        |
| Substance Abuse Services: |                                                           | se Evaluations; Adult Non-Residential Services Intervention/Educatio<br>tpatient - Family; Adult Non-Residential Services Outpatient - Individu                                                               |                           |                      |
| Mental Health Services:   | outpation froumone                                        |                                                                                                                                                                                                               |                           |                      |
| Juvenile Services:        |                                                           |                                                                                                                                                                                                               |                           |                      |
| Other Services:           | No Voucher Acceptance;                                    |                                                                                                                                                                                                               |                           |                      |
| Hickey, Melina            | NOVA TC                                                   | 8502 Mormon Bridge Road Omaha NB 68152                                                                                                                                                                        | (402)991-8522             |                      |
| Substance Abuse Services: | Adult Residential Services Therapeutic Con<br>Residential | nmunity; Juvenile Residential Services Halfway-House or SA Group F                                                                                                                                            | lome; Juvenile Residentia | al Services Short Te |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosoc                   | ial); Co-Occurring                                                                                                                                                                                            |                           |                      |
| Juvenile Services:        | Psychiatric Residential Treatment Facility; A             | Assessment: Pre-Treatment Assessment (Medicaid); 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        |
|                           | Outpatient Treatment; Adult Residential Ser               | se Evaluations; Adult Non-Residential Services Outpatient - Individua rvices Short Term Residential; Juvenile Assessment Services Substairing Treatment; Juvenile Non-Residential Services Intensive Outpatie | nce Abuse Evaluations; J  |                      |
|                           | Assessment: Co-Occurring                                  |                                                                                                                                                                                                               |                           |                      |
|                           | Sliding Fee Scale;                                        |                                                                                                                                                                                                               |                           |                      |
| lsely, Sarah              | Capstone Behavioral Health                                | 1941 S 42nd Street, Ste. 328 Omaha NB 68105                                                                                                                                                                   | (402)614-8444             | (402)614-8443        |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                               |                           |                      |
| Mental Health Services:   |                                                           |                                                                                                                                                                                                               |                           |                      |
|                           |                                                           |                                                                                                                                                                                                               |                           |                      |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Hea (Medicaid)     | Ith; Outpatient Therapy including Family Sessions-Mental Health; Ass                                                                                                                                          | essment: Pre-Treatment    | Assessment           |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; 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<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education<br>Juvenile Non-Residential Services Outpatient - Ir<br>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 Individual; Juvenile Non-Residential Services Outpatient - Co-Occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Adult Non-Residential vices Substance Abuse Non-Residential Service                                                                                                                                                                                      | Services Outpatient<br>Evaluations; Juven<br>s Outpatient - Fami                                                                             |
| Mental Health Services:                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                                                              |
|                                                                                                                            | Group Sessions-Mental Health; Outpatient Thera Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | eatment: Anger Management Class; Outpatient Therapy - Individua<br>apy - Co-occurring; Intensive Outpatient: Intensive Outpatient Thera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                              |
| Other Services:                                                                                                            | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                                                              |
| Jansen, Laura                                                                                                              | Capstone Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)614-8444                                                                                                                                                                                                                                            |                                                                                                                                              |
|                                                                                                                            | ramily, Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | unnig mealment, Juven                                                                                                                                                                                                                                    | ille Assessment                                                                                                                              |
|                                                                                                                            | Services Substance Abuse Evaluations; Juvenile<br>Non-Residential Services Outpatient - Individual;<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dential Services Outpat<br>trment                                                                                                                                                                                                                        | ient - Family; Juveni                                                                                                                        |
| Juvenile Services:                                                                                                         | Services Substance Abuse Evaluations; Juvenile<br>Non-Residential Services Outpatient - Individual;<br>Outpatient Therapy; Pre-Treatment Assessment<br>Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | dential Services Outpat<br>trment                                                                                                                                                                                                                        | ient - Family; Juveni                                                                                                                        |
| Juvenile Services:                                                                                                         | Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dential Services Outpat<br>trment                                                                                                                                                                                                                        | ient - Family; Juveni                                                                                                                        |
| Juvenile Services: Other Services: Johnson, Jill Substance Abuse Services:                                                 | Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Hearing Impaired;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Evamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment                                                                                                                                                                     | Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Services Outpatient - Co-Occurring Treatment Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid)  600 North Cotner, Ste.119 Lincoln NB 68505  Valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment ential Services Outpatitment  ient Therapy including F  (402)261-6667  ult Non-Residential Serurring Treatment; Adult on-Residential Services Outpatient - Family; Juv                                                                                  | ient - Family; Juveni<br>Family Sessions-<br>(402)261-6526<br>vices Outpatient -<br>Non-Residential<br>enile Non-Residenti                   |
| Juvenile Services: Other Services:  Johnson, Jill Substance Abuse Services:  Mental Health Services:                       | Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Hearing Impaired;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Evaluation Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment                                                                                                               | Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Services Outpatient - Co-Occurring Treatment Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid)  600 North Cotner, Ste.119 Lincoln NB 68505  Valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Posychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dential Services Outpatitment  ient Therapy including F  (402)261-6667  ult Non-Residential Services purring Treatment; Adult pn-Residential Services Outpatient - Family; Juv Non-Residential Service                                                   | ient - Family; Juveni<br>Family Sessions-<br>(402)261-6526<br>vices Outpatient -<br>Non-Residential<br>enile Non-Residenti<br>is Intensive   |
| Juvenile Services: Other Services:  Johnson, Jill Substance Abuse Services:  Mental Health Services:                       | Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Hearing Impaired;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Exfamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Services Outpatient - Co-Occurring Treatment Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid)  600 North Cotner, Ste.119 Lincoln NB 68505  Valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment ential Services Outpatitment  ient Therapy including F  (402)261-6667  ult Non-Residential Services Durring Treatment; Adult on-Residential Services Outpatient - Family; Juv Non-Residential Service ient Therapy including F n; Intensive Outpatient: | Family Sessions-  (402)261-6526  vices Outpatient - Non-Residential enile Non-Residential s Intensive  Family Sessions- Intensive Outpatient |
| Juvenile Services:  Other Services:  Johnson, Jill  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Hearing Impaired;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Exfamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Non-Residuvenile Services Outpatient - Co-Occurring Treatment Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid)  600 North Cotner, Ste.119 Lincoln NB 68505  Valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occure Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Posychosocial); Co-Occurring  (bio-psychosocial); Co-Occurring  utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dential Services Outpatitment  ient Therapy including F  (402)261-6667  ult Non-Residential Services Durring Treatment; Adult on-Residential Services Outpatient - Family; Juv Non-Residential Service ient Therapy including F n; Intensive Outpatient: | Family Sessions-  (402)261-6526  vices Outpatient - Non-Residential enile Non-Residential s Intensive  Family Sessions- Intensive Outpatient |

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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| Jones, Kimberly                               | Eastern Nebraska Community Action<br>Partnership Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2406 Fowler Avenue Omaha NB 68111                                                                                                                                                                                                                                                                             | (402)453-5656                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |
|                                               | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Juvenile Assessment;<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Out |                                                                                                                                                                                                                                                                                                               | Individual; Adult Non-Residential<br>sidential Services Intervention/Ed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Services Outpatient -<br>lucation; Juvenile                                |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dutpatient Therapy including Group Sessions-Mental Heal<br>order; Outpatient Therapy - Co-occurring; Assessment: Pro-                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Joseph, Paige                                 | Heartland Family Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4847 Sahler Omaha NB 68104                                                                                                                                                                                                                                                                                    | (402)800-3268                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/E<br>ent - Individual; Adult Non-Residential Services Outpatient                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Services Outpatient -                                                      |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                               | or committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee and the committee |                                                                            |
| Juvenile Services:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Kaipust, Jamie                                | A Desired Life Therapy and Counseling LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8031 West Center Road Suite 210 Omaha NB 6                                                                                                                                                                                                                                                                    | 8124 (402)990-7362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)763-8915                                                              |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Outpatient - F<br>ance Abuse Evaluations; Juvenile Non-Residential Service                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Mental Health Services:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sessment (PTA); Pre-Treatment Assessment (bio-psychos                                                                                                                                                                                                                                                         | social); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |
|                                               | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Outpatient Therapy including Family Sessions-Mental Hea                                                                                                                                                                                                                                                       | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | urring; Assessment:                                                        |
| Other Services:                               | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (2)                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| 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 Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/E<br>ent - Family; Adult Non-Residential Services Outpatient -<br>Services Intensive Outpatient Treatment; Juvenile Asses:<br>n; Juvenile Non-Residential Services Outpatient - Groups;<br>Individual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential<br>sment Services Substance Abus<br>Juvenile Non-Residential Servic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Services Outpatient -<br>e Evaluations; Juvenilo<br>es Outpatient - Family |
| Mental Health Services:                       | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |
| Mental Health Services:<br>Juvenile Services: | Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |

| Name                      | Agency                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                        | Fax                                                                               |
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| Koch, Lori                | Stephen Center                                                                                                                                                                             | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459                                                                                | (402)715-5452                                                                     |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpater | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I atient - Groups; Juvenile Non-Residential Services Outpatient - Famil 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Tre | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Resi | Services Outpatient -<br>/SA); Adult<br>rices Care Monitoring<br>dential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                   |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Out                                                                                                                                           | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                   |
| Kola, Betty               | Buoyant Family Services Counseling and Consulting LLC                                                                                                                                      | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)905-1120                                                                                |                                                                                   |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenile<br>Juvenile Non-Residential Services Outpatient - F<br>Co-Occurring Treatment        | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ing Treatment; Adult<br>-Residential Services                                                | Non-Residential Outpatient - Groups                                               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                               | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                            | atment: Mentoring; Outpatient Therapy - Individual-Mental Health; O<br>nent Assessment (Medicaid); Assessment: Mental Status Exam (MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | cluding Family                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                                                        | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,                                                                                            |                                                                                   |
| Konen, Michele            | Transition Recovery Center Evaluations                                                                                                                                                     | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)813-3605                                                                                |                                                                                   |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Juvenile Assessment Ser                                                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices 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 - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups | Family; Adult Non-Resets Intervention/Educ                                                   | sidential Services ation; Juvenile Non-                                           |
| Mental Health Services:   | •                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                   |
| Krejci, Ann               | Stephen Center                                                                                                                                                                             | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5453                                                                                | (402)715-5452                                                                     |
|                           | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Residential Services                                                                         | Outpatient - Co-                                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                   |
| Juvenile Services:        |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                   |

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| Name                      | Agency                                                                                             | Address                                                                                                                                                                  | Phone                                                     | Fax                                       |
| Lanning, Krystal          | Heartland Family Service                                                                           | 2101 S 42nd St Omaha NB 68105                                                                                                                                            | (402)553-3000                                             |                                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                       | raluations; Juvenile Assessment Services Substance Abuse Eval                                                                                                            | uations                                                   |                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                         |                                                           |                                           |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                          |                                                           |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                          |                                                           |                                           |
| Leary, Julie              | Bazinga Counseling Inc                                                                             | 7317 Joseph Ave La Vista NB 68128                                                                                                                                        | (402)740-6453                                             | (402)592-3705                             |
| Substance Abuse Services: |                                                                                                    | Evaluations; Juvenile Non-Residential Services Outpatient - Fan                                                                                                          | nily; Juvenile Non-Resider                                | ntial Services                            |
| Mental Health Services:   | Outpatient - Individual; Juvenile Non-Residential                                                  | Services Outpatient - Co-Occurring Treatment                                                                                                                             |                                                           |                                           |
|                           | Outpatient Therapy - Individual-Mental Health; O                                                   | utpatient Therapy including Family Sessions-Mental Health; Outp                                                                                                          | oatient Therapy - Co-occur                                | ring; Assessment:                         |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                       | nent: Co-Occurring                                                                                                                                                       | .,                                                        | <b>.</b>                                  |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S   |                                                                                                                                                                          | al; Adult Non-Residential S<br>Services Intervention/Edu  | Services Outpatient -<br>cation; Juvenile |
|                           | Outpatient Therapy - Individual-Mental Health; As                                                  |                                                                                                                                                                          |                                                           |                                           |
|                           | Sliding Fee Scale;                                                                                 | , <i>,</i>                                                                                                                                                               |                                                           |                                           |
| Lemen, Jason              | Lutheran Family Services of NE Inc                                                                 | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                               | (402)292-9105                                             |                                           |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S |                                                                                                                                                                          |                                                           |                                           |
| Juvenile Services:        | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial), Co-Occurring                                                                                                                                         |                                                           |                                           |
|                           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                          |                                                           |                                           |
| Liester, Courtney         | Courtney Liester LLC                                                                               | 7905 L St Suite 410 Omaha NB 68127                                                                                                                                       | (402)577-0173                                             |                                           |
|                           | -                                                                                                  |                                                                                                                                                                          | . ,                                                       | 0                                         |
|                           | Individual; Juvenile Assessment Services Substa<br>Services Outpatient - Individual                | raluations; Adult Non-Residential Services Outpatient - Family; Adunce Abuse Evaluations; Juvenile Non-Residential Services Outpatient (his neurobassis)). Co. Occurrier | duit Non-Residential Servi<br>atient - Family; Juvenile N | ces Outpatient -<br>on-Residential        |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psycnosocial);                                                                                                                                                      | nationt Thorany Co assur                                  | ring: Assassment:                         |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                       |                                                                                                                                                                          | oalient Therapy - Co-occur                                | nng, Assessment.                          |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                          |                                                           |                                           |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                       | Phone                                                                               | Fax                |
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| 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 Outpatie<br>Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Gront - Individual; Adult Non-Residential Services Outpatient - Bon-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occur | <ul> <li>Co-Occurring Treatment; Juve<br/>Non-Residential Services Outpa</li> </ul> | nile Assessment    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial)                                                                                                                                                                                                            |                                                                                     |                    |
|                           | Assessment: Pre-Treatment Assessment (Medic                                                       | outpatient Therapy including Family Sessions-Mental Healt aid); Assessment: Mental Status Exam (MSE)                                                                                                                          | h; Psychiatric Residential Treat                                                    | ment Facility;     |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                               |                                                                                     |                    |
| Marquez, Longfellow       |                                                                                                   | 11452 Mercury St Papillion NB 68046                                                                                                                                                                                           | (402)798-1908                                                                       |                    |
| Substance Abuse Services: |                                                                                                   | ssessment Services Substance Abuse Evaluations; Adult ups; Adult Non-Residential Services Outpatient - Individua                                                                                                              |                                                                                     |                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                              |                                                                                     |                    |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                               |                                                                                     |                    |
| Martinez, Melisa          | All Communities Outreach Services                                                                 | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                           | (402)257-1122                                                                       |                    |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                     | eatment: General Education Class; Non-Treatment: Emplo                                                                                                                                                                        | yment Placement Program; Nor                                                        | n-Treatment: Famil |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                               |                                                                                     |                    |
| Massara, Kim              | Lutheran Family Services of NE Inc                                                                | 11949 Q St Omaha NB 68137                                                                                                                                                                                                     | (402)595-1338                                                                       | (402)595-1437      |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |
| Juvenile Services:        |                                                                                                   | outpatient Therapy including Group Sessions-Mental Health<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Ass                                                                                                         |                                                                                     |                    |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                               |                                                                                     |                    |
| Mathouser, Tobi           | Goodwill Industries Omaha                                                                         | 4805 N 72nd St Omaha NB 68134                                                                                                                                                                                                 | (402)231-1972                                                                       |                    |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |
| Mental Health Services:   | Outpatient Therapy                                                                                |                                                                                                                                                                                                                               |                                                                                     |                    |
|                           |                                                                                                   |                                                                                                                                                                                                                               |                                                                                     |                    |

Other Services: Hearing Impaired; Bilingual Services;

Juvenile Services:

| Name                                                                                                                                                                                                              | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| McIntyre-Moore, Kathleen                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Juvenile Services:                                                                                                                                                                                                | Non-Treatment: Summer School; Non-Treatment Treatment: Mentoring; Assessment: Pre-Treatme Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent: General Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n Class; 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| Juvenile Services: Other Services: McMorris, Kimberly                                                                                                                                                             | Treatment: Mentoring; Assessment: Pre-Treatme Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Substance Substance Substance Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Substance Substance Substance Abuse Ev. 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| Juvenile Services: Other Services: McMorris, Kimberly                                                                                                                                                             | Treatment: Mentoring; Assessment: Pre-Treatme Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Assessment (Medicaid)  8502 Underwood AVe Omaha NB 68114  aluations; 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| Juvenile Services: Other Services: McMorris, Kimberly Substance Abuse Services:                                                                                                                                   | Treatment: Mentoring; Assessment: Pre-Treatme Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Substance Substance Substance Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Substance Substance Substance Abuse Ev. 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| Juvenile Services: Other Services: McMorris, Kimberly Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                        | Treatment: Mentoring; Assessment: Pre-Treatme Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Substance Substance Substance Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Substance Substance Substance Abuse Ev. 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| Juvenile Services: Other Services: McMorris, Kimberly Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                        | Treatment: Mentoring; Assessment: Pre-Treatment Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev. 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| Juvenile Services: Other Services: McMorris, Kimberly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: McNichols, Stephanie                                                   | Treatment: Mentoring; Assessment: Pre-Treatme Sliding Fee Scale;  Adult Assessment Services Substance Abuse Evolution Services Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Evolution Services Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Evolution Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services | 8502 Underwood AVe Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adul nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)507-9947  t Non-Residential Senent - Family; Juvenile I  (402)440-6496  dult Non-Residential Senential  (402)884-1312 vices Outpatient - Non-Residential  Services Outpatient Services Outpatient e Evaluations; Juven es Outpatient - Fami                   |
| Juvenile Services: Other Services: McMorris, Kimberly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: McNichols, Stephanie Substance Abuse Services:                         | Treatment: Mentoring; Assessment: Pre-Treatment Sliding Fee Scale;  Adult Assessment Services Substance Abuse Evolution Individual; Juvenile Assessment Services Substance Services Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Evolution Individual Services Outpatient Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8502 Underwood AVe Omaha NB 68114  aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatient  4701 Van Dorn Suite B Lincoln NB 68506  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 Ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurred                                                                                                              | (402)507-9947  t Non-Residential Senent - Family; Juvenile I  (402)440-6496  dult Non-Residential Senential  (402)884-1312 vices Outpatient - Non-Residential  Services Outpatient Services Outpatient Services Outpatien e Evaluations; Juver es Outpatient - Fam |
| Juvenile Services: Other Services: McMorris, Kimberly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: McNichols, Stephanie Substance Abuse Services: Mental Health Services: | Treatment: Mentoring; Assessment: Pre-Treatment Sliding Fee Scale;  Adult Assessment Services Substance Abuse Event Individual; Juvenile Assessment Services Substance Services Outpatient - Individual  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Event Services Outpatient Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8502 Underwood AVe Omaha NB 68114  aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatient  4701 Van Dorn Suite B Lincoln NB 68506  aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring Outpatient Therapy including Group Sessions-Mental Health; Outpatient | (402)507-9947  It Non-Residential Servent - Family; Juvenile I  (402)440-6496  Idult Non-Residential Services Substance Abuselon-Residential Service Ing Treatment; Juveni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)884-1312 vices Outpatient - Non-Residential  Services Outpatient Services Outpatient e Evaluations; Juver es Outpatient - Fam le Non-Residential |

| Name                      | Agency                                          | Address                                                                                                                                                                       | Phone                           | Fax                 |
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| Meckna, Shy               | Breaking Sad LLC                                | 7005 N 88th Street Omaha NB 68122                                                                                                                                             | (402)517-5199                   |                     |
| Substance Abuse Services: |                                                 | aluations; Adult Non-Residential Services Intervention/Edu<br>es Outpatient - Family; Adult Non-Residential Services Outp                                                     | •                               |                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment    | (bio-psychosocial); Co-Occurring                                                                                                                                              |                                 |                     |
| Juvenile Services:        |                                                 |                                                                                                                                                                               |                                 |                     |
| Other Services:           | Sliding Fee Scale;                              |                                                                                                                                                                               |                                 |                     |
| 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;                             |                                                                                                                                                                               |                                 |                     |
| Motter, Shannon           | Santa Monica Inc                                | 401 S. 39 St. Omaha NB 68131                                                                                                                                                  | (402)558-7133                   | (402)558-7088       |
| Substance Abuse Services: |                                                 | aluations; Adult Non-Residential Services Outpatient - Groot t- Individual; Adult Non-Residential Services Intensive Out                                                      |                                 |                     |
| Mental Health Services:   | Term Residential                                |                                                                                                                                                                               |                                 |                     |
| Juvenile Services:        |                                                 |                                                                                                                                                                               |                                 |                     |
|                           | Sliding Fee Scale;                              |                                                                                                                                                                               |                                 |                     |
| Neeley, Jennifer          | Autism Center of Nebraska Inc                   | 9012 'Q' Street Omaha NB 68127                                                                                                                                                | (402)315-1005                   |                     |
| Substance Abuse Services: |                                                 |                                                                                                                                                                               |                                 |                     |
| Mental Health Services:   |                                                 |                                                                                                                                                                               |                                 |                     |
| Juvenile Services:        |                                                 |                                                                                                                                                                               |                                 |                     |
| Other Services:           | Hearing Impaired;                               |                                                                                                                                                                               |                                 |                     |
| Nelsen, David             |                                                 | 5827 Oakridge Dr. Lincoln NB 68516                                                                                                                                            | (402)489-4183                   |                     |
| Substance Abuse Services: |                                                 | aluations; Adult Non-Residential Services Intervention/Edu<br>nt - Family; Adult Non-Residential Services Outpatient - Inc                                                    |                                 | Services Outpatient |
| Mental Health Services:   | Gloups, Addit Non-Nesidential Services Outpatie | nt - Family, Addit Norr-Residential Services Odtpatient - Inc                                                                                                                 | iividuai                        |                     |
| Juvenile Services:        |                                                 |                                                                                                                                                                               |                                 |                     |
|                           | Sliding Fee Scale;                              |                                                                                                                                                                               |                                 |                     |
| Neve, Robert              | The Clearview Center, Inc.                      | 4913 Underwood Ave Omaha NB 68132                                                                                                                                             | (402)612-2516                   | (402)614-5447       |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Edues Outpatient - Groups; Adult Non-Residential Services Outroices Outpatient - Co-Occurring Treatment; Adult Non-Res | tpatient - Family; Adult Non-Re | esidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment    | (bio-psychosocial)                                                                                                                                                            |                                 |                     |
|                           |                                                 | (· · 1 · ) · · · · · · · · · · · · · · ·                                                                                                                                      |                                 |                     |

| Name                      | Agency                                                                                                                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone                                                                                           | Fax                                                                                 |
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| Juvenile Services:        |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile                                                                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurri                                                                                                                                                                                   | ring Treatment; Juve<br>sidential Services Ou                                                   | nile Assessment                                                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                    | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                                                 | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| Oyler, Samantha           | Child Saving Institute                                                                                                                                                                                                                                                            | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)964-2183                                                                                   | (402)553-2428                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| Juvenile Services:        | Out-Of-Home: Foster Care (Agency Supported); (Relative/Kinship)                                                                                                                                                                                                                   | Out-Of-Home: Emergency Foster Care; Out-Of-Home: Respite Care                                                                                                                                                                                                                                                                                                                                                                                                   | ; Out-Of-Home: Fost                                                                             | er Care                                                                             |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                                                                                                                                                                                                 | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)488-0077                                                                                   | (402)488-0017                                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                                                                                                                                                                                                   | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                                                                                                                                                                                                                                                                                                | valuation; Psychologi                                                                           | ical Evaluation                                                                     |
| 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; Adult Not-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services Onlie Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re<br>Services Intensive Ou<br>ion; Juvenile Non-Re<br>Outpatient - Family; J | esidential Services<br>atpatient Treatment;<br>esidential Services<br>luvenile Non- |
|                           | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                     |
| 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<br>uding Family Sessions-Mental Health; Outpatient Therapy - Co-occu<br>ng                                                                                                                                                                                                                                                                                                                  | n; Outpatient Therapy<br>rring; Assessment: P                                                   | / including Group<br>Pre-Treatment                                                  |
| Other Comisses            | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                                     |

| Name                      | Agency                                                                                                                                                      | Address                                                                                                                                                                                                                                                 | Phone                      | Fax                   |
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| Pedersen, Dwite           | Dwite A. Pedersen                                                                                                                                           | 21440 Shamrock Rd Elkhorn NB 68022                                                                                                                                                                                                                      | (402)289-4866              | (402)289-3183         |
| Substance Abuse Services: |                                                                                                                                                             | valuations; Adult Non-Residential Services Intervention/Educati                                                                                                                                                                                         | •                          | Services Outpatient - |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie                                                                                                             | ent - Individual; Adult Non-Residential Services Intensive Outpa                                                                                                                                                                                        | tient Treatment            |                       |
| Juvenile Services:        |                                                                                                                                                             |                                                                                                                                                                                                                                                         |                            |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                          |                                                                                                                                                                                                                                                         |                            |                       |
| Pierce, Duana             | Community Options Individual and Family Services LLC                                                                                                        | 1941 S. 42nd St. Suite 134 Omaha NB 68105                                                                                                                                                                                                               | (402)490-8055              |                       |
| Substance Abuse Services: |                                                                                                                                                             |                                                                                                                                                                                                                                                         |                            |                       |
| Mental Health Services:   |                                                                                                                                                             |                                                                                                                                                                                                                                                         |                            |                       |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                        |                                                                                                                                                                                                                                                         |                            |                       |
| Other Services:           | Hearing Impaired;                                                                                                                                           |                                                                                                                                                                                                                                                         |                            |                       |
| Pilcher, Chris            | Pilcher Counseling LLC                                                                                                                                      | 6910 Pacific St Ste 320 Omaha NB 68106                                                                                                                                                                                                                  | (402)715-9710              |                       |
| Substance Abuse Services: |                                                                                                                                                             |                                                                                                                                                                                                                                                         |                            |                       |
| Mental Health Services:   |                                                                                                                                                             |                                                                                                                                                                                                                                                         |                            |                       |
| Juvenile Services:        |                                                                                                                                                             | outpatient Therapy including Group Sessions-Mental Health; Ou<br>Sexually Harm; Assessment: Pre-Treatment Assessment (Med                                                                                                                               |                            |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                          |                                                                                                                                                                                                                                                         |                            |                       |
| 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/Educati<br>ent - Family; Adult Non-Residential Services Outpatient - Indivic<br>Services Intensive Outpatient Treatment; Adult Residential Ser<br>t Residential Services Short Term Residential | lual; Adult Non-Residentia | Services Outpatient   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                        |                            |                       |
|                           | Assessment: Pre-Treatment Assessment (Medic                                                                                                                 | aid); Assessment: Co-Occurring                                                                                                                                                                                                                          |                            |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                          |                                                                                                                                                                                                                                                         |                            |                       |
| Prince, Reginald          | Serenity Matters                                                                                                                                            | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 6                                                                                                                                                                                                         | 88111 (402)830-3890        | (402)212-0282         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individual Services Intervention/Education; Juvenile Non-Residential Serviced dential Services Outpatient - Individual         | lual; Juvenile Assessment  | Services Substance    |
|                           | Outpatient Therapy; Co-Occurring  Non-Treatment: Anger Management Class                                                                                     |                                                                                                                                                                                                                                                         |                            |                       |
|                           | Sliding Fee Scale;                                                                                                                                          |                                                                                                                                                                                                                                                         |                            |                       |
| Other Services.           | Siluling ree Scale,                                                                                                                                         |                                                                                                                                                                                                                                                         |                            |                       |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| 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                                                                   |
|                           | Outpatient Therapy; Pre-Treatment Assessme<br>Non-Treatment: Intensive Family Preservation                                                                                                                                                                                    | ent (bio-psychosocial)<br>n; Outpatient Therapy - Individual-Mental Health; Outpatient Ther                                                                                                                                                                                                                                                                                           | apy including Family Sessic                                                                                                  | ns-Mental Health                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                                                                 |
| Ramirez, Maria            | Heartland Family Service                                                                                                                                                                                                                                                      | 2101 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                         | (402)699-6294                                                                                                                | (402)552-7497                                                                   |
|                           | Non-Treatment: Family Support Worker Bilingual Services;                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                                                                 |
| Ramirez, Maria            | All Communities Outreach Services                                                                                                                                                                                                                                             | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                                                                                                                                                   | (402)257-1122                                                                                                                |                                                                                 |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                           | on-Treatment: Employment Placement Program; Non-Treatment:                                                                                                                                                                                                                                                                                                                            | •                                                                                                                            |                                                                                 |
| Rezac, Jacqueline         | Capstone Behavioral Health                                                                                                                                                                                                                                                    | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                | (402)350-3267                                                                                                                |                                                                                 |
|                           | Monitoring SA/MH; Adult Non-Residential Ser<br>Outpatient - Individual; Adult Non-Residential<br>Juvenile Assessment Services Substance Ab<br>Care Monitoring SA/MH; Juvenile Non-Reside<br>Residential Services Outpatient - Individual; J<br>Intensive Outpatient Treatment | e Evaluations; Adult Non-Residential Services Intervention/Educarvices Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residuse Evaluations; Juvenile Non-Residential Services Intervention/ential Services Outpatient - Groups; Juvenile Non-Residential Seluvenile Non-Residential Services Outpatient - Co-Occurring Treatments | atient - Family; Adult Non-Re<br>ential Services Intensive Ou<br>Education; Juvenile Non-Re<br>rvices Outpatient - Family; J | esidential Services<br>tpatient Treatment<br>sidential Services<br>uvenile Non- |
| Mental Health Services:   |                                                                                                                                                                                                                                                                               | ,                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |                                                                                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health (Medicaid)                                                                                                                                                                                                                      | n; Outpatient Therapy including Family Sessions-Mental Health; A                                                                                                                                                                                                                                                                                                                      | ssessment: Pre-Treatment                                                                                                     | Assessment                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                                                                 |
| Riley, LaTaunya           | Center for Holistic Development, Inc.                                                                                                                                                                                                                                         | 6659 Sorensen Parkway Omaha NB 68152                                                                                                                                                                                                                                                                                                                                                  | (402)502-9788                                                                                                                |                                                                                 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outp<br>Outpatient Treatment; Juvenile Assessment S                                                                                                                                                                                    | e Evaluations; Adult Non-Residential Services Intervention/Educa<br>natient - Family; Adult Non-Residential Services Outpatient - Indiv<br>Services Substance Abuse Evaluations; Juvenile Non-Residentia<br>venile Non-Residential Services Outpatient - Family; Juvenile Non                                                                                                         | idual; Adult Non-Residential<br>Services Intervention/Educ                                                                   | Services Intensive ation; Juvenile No                                           |
|                           | Juvenile Non-Residential Services Intensive (                                                                                                                                                                                                                                 | Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                            | ationic interreducity                                                           |
| Mental Health Services:   | Juvenile Non-Residential Services Intensive C                                                                                                                                                                                                                                 | Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                  | ·                                                                                                                            |                                                                                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                      | Agency                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                               | Fax                                                                 |
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| Rojas, Virgen             | Lutheran Family Services of NE Inc                                                                                               | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                        | (402)721-1774                                                       |                                                                     |
| Substance Abuse Services: |                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; Autient - Co-Occurring Treatment; Adult Non-Residential Services Inte                                                                                                                                                                                                                                                    |                                                                     |                                                                     |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Juvenile Services:        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| 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: |                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                                                                                                                                                                                                                                |                                                                     | Services Outpatient -                                               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                     |
| Juvenile Services:        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Salvatore, Christine      | Stephen Center                                                                                                                   | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                               | (402)715-5440                                                       | (402)715-5452                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Apent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | Adult Non-Residential vices Substance Abuse Non-Residential Service | Services Outpatient<br>Evaluations; Juveni<br>es Outpatient - Famil |
|                           | Intensive Outpatient: Intensive Outpatient Therap                                                                                |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Sanchez, Laura            | AM Counseling and Consulting LLC                                                                                                 | 919 Galvin Rd S Bellevue NB 68005                                                                                                                                                                                                                                                                                                                                                           | (402)807-5117                                                       |                                                                     |
| Substance Abuse Services: |                                                                                                                                  | valuations; Adult Non-Residential Services Outpatient - Groups; Adı<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi                                                                                                                                                                                                                                                 |                                                                     | vices Outpatient -                                                  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                             | · ·                                                                 |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O Co-Occurring                                                                    | outpatient Therapy including Family Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                          | ient Therapy - Co-occu                                              | ırring; Assessment:                                                 |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Schreiner, Emily          | Capstone Behavioral Health                                                                                                       | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                             | (402)614-8444                                                       |                                                                     |
|                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Substance Abuse Services: |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |

| Name                                                                                                                                                        | Agency                                                                                                                                                                            | Address                                                                                                                                                                                                                                                                               | Phone                                         | Fax                |
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| Scott, Judi                                                                                                                                                 | Buoyant Family Services Counseling and Consulting LLC                                                                                                                             | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                    | (402)933-7577                                 |                    |
| Substance Abuse Services:                                                                                                                                   |                                                                                                                                                                                   | valuations; Adult Non-Residential Services Intervention/Education; Aent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                             |                                               |                    |
| Mental Health Services:                                                                                                                                     |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Juvenile Services:                                                                                                                                          |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Other Services:                                                                                                                                             | Bilingual Services;                                                                                                                                                               |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Segoviano, Jessica                                                                                                                                          | Infinite Avenues Counseling                                                                                                                                                       | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                | (402)301-6813                                 |                    |
| Substance Abuse Services:                                                                                                                                   |                                                                                                                                                                                   | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                                         |                                               |                    |
| Mental Health Services:                                                                                                                                     | , , , , , , , , , , , , , , , , , , ,                                                                                                                                             |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Juvenile Services:                                                                                                                                          |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Other Services:                                                                                                                                             | Sliding Fee Scale;                                                                                                                                                                |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Sextro, Karla                                                                                                                                               | Child Saving Institute                                                                                                                                                            | 4545 Dodge Street Omaha NB 68132                                                                                                                                                                                                                                                      | (402)553-6000                                 | (402)553-2428      |
| Substance Abuse Services:                                                                                                                                   | Individual; Adult Non-Residential Services Outpa<br>Residential Services Intervention/Education; Juv                                                                              | valuations; Adult Non-Residential Services Outpatient - Family; Adul<br>tient - Co-Occurring Treatment; Juvenile Assessment Services Sub<br>enile Non-Residential Services Outpatient - Groups; Juvenile Non-R<br>ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | stance Abuse Evaluat<br>esidential Services O | 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 Sessitient Therapy - Co-occurring                                                                                                                                                                                      | sions-Mental Health; C                        | utpatient Therapy  |
| Other Services:                                                                                                                                             | Sliding Fee Scale;                                                                                                                                                                | ion morapy to coodining                                                                                                                                                                                                                                                               |                                               |                    |
|                                                                                                                                                             |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                               |                    |
| Simmons, Kim                                                                                                                                                | Lutheran Family Services of NE Inc                                                                                                                                                | 2661 Douglas St Omaha NB 68131                                                                                                                                                                                                                                                        | (402)978-5613                                 |                    |
| Simmons, Kim Substance Abuse Services:                                                                                                                      | Lutheran Family Services of NE Inc                                                                                                                                                | 2661 Douglas St Omaha NB 68131                                                                                                                                                                                                                                                        | (402)978-5613                                 |                    |
| Substance Abuse Services:                                                                                                                                   | Lutheran Family Services of NE Inc  Outpatient Therapy; Pre-Treatment Assessment                                                                                                  | •                                                                                                                                                                                                                                                                                     | (402)978-5613                                 |                    |
| Substance Abuse Services:                                                                                                                                   | ·                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                     | (402)978-5613                                 |                    |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:                                                                                  | ·                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                     | (402)978-5613                                 |                    |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services:                                                                                  | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                      | •                                                                                                                                                                                                                                                                                     | (402)978-5613<br>(402)515-9815                |                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Soriano, David                                                     | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Integral Care, LLC Juvenile Assessment Services Substance Abuse                                                   | (bio-psychosocial)  1941 South 42nd Street Suite 107 Omaha NB 68105  E Evaluations; Juvenile Non-Residential Services Outpatient - Family                                                                                                                                             | (402)515-9815                                 | ential Services    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Soriano, David                                                     | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Integral Care, LLC                                                                                                | (bio-psychosocial)  1941 South 42nd Street Suite 107 Omaha NB 68105  E Evaluations; Juvenile Non-Residential Services Outpatient - Family                                                                                                                                             | (402)515-9815                                 | ential Services    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Soriano, David  Substance Abuse Services:  Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Integral Care, LLC Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | (bio-psychosocial)  1941 South 42nd Street Suite 107 Omaha NB 68105  E Evaluations; Juvenile Non-Residential Services Outpatient - Family                                                                                                                                             | (402)515-9815<br>r; Juvenile Non-Reside       |                    |

| Name                                          | Agency                                                                                   | Address                                                                                                                                                                                  | Phone                | Fax            |
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| Stanek, Sean                                  | Heartland Family Service                                                                 | 2101 S 42nd St Omaha NB 68105                                                                                                                                                            | (402)552-7013        |                |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse Ev                                             | valuations                                                                                                                                                                               |                      |                |
| Mental Health Services:<br>Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial)                                              |                                                                                                                                                                                          |                      |                |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                   |                                                                                                                                                                                          |                      |                |
| Stein, Daniela                                | Lutheran Family Services of NE Inc                                                       | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                                                                     | (402)978-5604        |                |
| Substance Abuse Services:                     |                                                                                          | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;<br>Services Intensive Outpatient Treatment |                      |                |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                         |                      |                |
| Juvenile Services:                            |                                                                                          |                                                                                                                                                                                          |                      |                |
| Other Services:                               | Sliding Fee Scale;                                                                       |                                                                                                                                                                                          |                      |                |
| Stennis, Gladys                               | Infinite Avenues Counseling                                                              | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                   | (402)905-6296        |                |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse Ev                                             | valuations                                                                                                                                                                               |                      |                |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                         |                      |                |
| Juvenile Services:                            |                                                                                          |                                                                                                                                                                                          |                      |                |
| Other Services:                               | Sliding Fee Scale;                                                                       |                                                                                                                                                                                          |                      |                |
| Stennis, Gladys                               | LIVING-IN-TRUTH, LLC                                                                     | 2551 Spaulding St Omaha NB 68111                                                                                                                                                         | (402)905-6296        |                |
| Substance Abuse Services:                     |                                                                                          | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occu                                                  |                      |                |
|                                               | Outpatient Therapy; Pre-Treatment Assessment                                             |                                                                                                                                                                                          |                      |                |
|                                               | Outpatient Therapy including Family Sessions-M                                           | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy -                                             |                      | Mental Health; |
| Other Services:                               | Sliding Fee Scale;                                                                       |                                                                                                                                                                                          |                      |                |
| Stennis-Williams , LaVon                      | ReConnect, Inc.                                                                          | 1941 So. 42nd St. Suite 502 Omaha NB 68105                                                                                                                                               | (402)934-4933        | (402)502-4576  |
| Substance Abuse Services:                     |                                                                                          |                                                                                                                                                                                          |                      |                |
| Mental Health Services:                       |                                                                                          |                                                                                                                                                                                          |                      |                |
| Juvenile Services:                            | Non-Treatment: Day Reporting; Non-Treatment: Treatment: Employment Placement Program; No | Anger Management Class; Non-Treatment: General Education Clasen-Treatment: Family Partner                                                                                                | s; Non-Treatment: Me | entoring; Non- |
| Other Services:                               | Bilingual Services;                                                                      | •                                                                                                                                                                                        |                      |                |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone                                                                 | Fax                                                        |
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| Trainio .                 | 7.90.109                                                                                                                                                | 7144.000                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                     | I dx                                                       |
| Sutton, Sherry            | Nebraska Urban Indian Health Inc                                                                                                                        | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)346-0902                                                         | (402)342-5290                                              |
| Substance Abuse Services: |                                                                                                                                                         | raluations; Adult Non-Residential Services Intervention/Education; A surt - Family; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment                                                                                                                                                                                                                                                            |                                                                       |                                                            |
| Mental Health Services:   | or comming treatment, made the treatment                                                                                                                | os nos monoro calpanon nosmon                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                            |
| Juvenile Services:        |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Torres, Griselda          | Heartland Family Service                                                                                                                                | 1941 S 42nd St Suite 375 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                          | (402)980-9672                                                         |                                                            |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
|                           | Non-Treatment: Family Support Worker                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Other Services:           | Bilingual Services;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Tostenson, Dawn           | Stephen Center                                                                                                                                          | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)715-5440                                                         |                                                            |
|                           | Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Extended Residential; Adult<br>Juvenile Non-Residential Services Intervention/E | ent - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Adult Residential Services<br>: Residential Services Short Term Residential; Juvenile Assessment<br>ducation; Juvenile Non-Residential Services Outpatient - Groups; Jupatient - Individual; Juvenile Non-Residential Services Outpatient - Capatient - Individual; Juvenile Non-Residential Services Outpatient - Capatient | Dual Residential (MH<br>Services Substance a<br>uvenile Non-Residenti | /SA); Adult<br>Abuse Evaluations;<br>al Services Outpatier |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Juvenile Services:        |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Tuttle, Paige             | Lutheran Family Services of NE Inc                                                                                                                      | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)595-1338                                                         |                                                            |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| 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:           | Sliding Fee Scale;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Valle, Charles            | Community Based Services LLC                                                                                                                            | 319 S 17th St., Suite 240 Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                         | (531)444-6152                                                         |                                                            |
| Substance Abuse Services: |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                            |
| Juvenile Services:        | Contracted Services: Tracker; Contracted Service                                                                                                        | es: Electronic Monitoring                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                            |

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                            | Phone                                                                | Fax                                                                   |
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| VanNortwick, Peggy        | Douglas County Community Mental Health<br>Center                                                                                                       | 4102 Woolworth Ave Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                  | (402)444-7609                                                        | (402)996-8171                                                         |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                           | raluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten                                                                                                                                                                                                                                                         |                                                                      |                                                                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                       |
| Juvenile Services:        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                       |
| Vasquez-Evans, Linda      |                                                                                                                                                        | 7701 Pacific Street, Ste 101 Omaha NB 68114                                                                                                                                                                                                                                                                                                                                                        | (402)889-6359                                                        | (402)564-7735                                                         |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                         | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic   | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                       |
|                           |                                                                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr<br>tus Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                            |                                                                      |                                                                       |
|                           |                                                                                                                                                        | 7440 North 20th Chrost Octob ND 20440                                                                                                                                                                                                                                                                                                                                                              | (400) 455 5007                                                       |                                                                       |
| Villatoro, Karla          | Owens Educational Services                                                                                                                             | 7413 North 30th Street Omaha NB 68112                                                                                                                                                                                                                                                                                                                                                              | (402)455-5067                                                        |                                                                       |
| Substance Abuse Services: |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                       |
| Mental Health Services:   |                                                                                                                                                        | tod Comissos Trocker, Contracted Comissos Floatronia Manitaring                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                       |
|                           | Bilingual Services;                                                                                                                                    | ted Services: Tracker; Contracted Services: Electronic Monitoring                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                       |
| Walker, Jeffery           | All Communities Outreach Services                                                                                                                      | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                                                                                                                                                                | (402)257-1122                                                        |                                                                       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                           | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment                                                                                                                                                                                                               | ult Non-Residential S                                                |                                                                       |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                          | eatment: Anger Management Class; Non-Treatment: General Educati                                                                                                                                                                                                                                                                                                                                    | on Class; Non-Treat                                                  | ment: Family Partner                                                  |
| Other Services:           | Bilingual Services;                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                       |
| Walker-Vinal, Kristin     | Sage Counseling Omaha LLC                                                                                                                              | 13808 U St Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                          | (402)686-9856                                                        |                                                                       |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse  | raluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services | Family; Adult Non-Re<br>ervices Intensive Out<br>on; Juvenile Non-Re | esidential Services<br>tpatient Treatment;<br>sidential Services      |

| Name                                                                   | Agency                                                                                              | Address                                                                                                                                                                                                    | Phone                                            | Fax                                    |
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|                                                                        | Outpatient - Co-Occurring Treatment                                                                 |                                                                                                                                                                                                            |                                                  |                                        |
| Mental Health Services:                                                |                                                                                                     |                                                                                                                                                                                                            |                                                  |                                        |
| 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 F                           | amily Sessions-                        |
| Other Services:                                                        | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                            |                                                  |                                        |
| Washington, Harry                                                      |                                                                                                     | 1299 Farnam St Sutie 300 Omaha NB 68102                                                                                                                                                                    | (402)706-0267                                    |                                        |
| Substance Abuse Services:                                              | Adult Non-Residential Services Care Monitoring S                                                    | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Nont - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | on-Residential Service                           | es Outpatient -                        |
| Mental Health Services:                                                |                                                                                                     |                                                                                                                                                                                                            |                                                  |                                        |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S    |                                                                                                                                                                                                            | dult Non-Residential S<br>vices Intervention/Edu | Services Outpatient - cation; Juvenile |
| Juvenile Services:                                                     | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>;; Assessment: Co-Occurring                                                                                                         | nt Therapy including F                           | amily Sessions-                        |
| Other Services:                                                        | Sliding Fee Scale,                                                                                  | · ·                                                                                                                                                                                                        |                                                  |                                        |
| Whitehead, Daniel                                                      |                                                                                                     | 1941 South 42nd Street Suite 536 Omaha NB 68105                                                                                                                                                            | (402)958-5663                                    |                                        |
| Substance Abuse Services:                                              | Adult Assessment Services Substance Abuse Ev                                                        | aluations; Adult Non-Residential Services Outpatient - Individual                                                                                                                                          |                                                  |                                        |
| Mental Health Services:                                                | Outpatient Therapy; Pre-Treatment Assessment                                                        | (bio-psychosocial); Co-Occurring                                                                                                                                                                           |                                                  |                                        |
| Juvenile Services:                                                     |                                                                                                     |                                                                                                                                                                                                            |                                                  |                                        |
| Other Services:                                                        | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                            |                                                  |                                        |
| Younker-Schifferns, Holli                                              | Lutheran Family Services of NE Inc                                                                  | 11515 S39th St Suite 300 Bellevue NB 68123                                                                                                                                                                 | (402)292-9102                                    |                                        |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                        | (bio-psychosocial); Adults who Sexually Harm Evaluation                                                                                                                                                    |                                                  |                                        |
| Other Services:                                                        | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                            |                                                  |                                        |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                               | Fax                                                               |
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| Austen, Robin             | Region V Systems-Behavioral Health<br>Authority                                                                                                                                                         | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                      | (402)471-4326                                                                                       |                                                                   |
| Substance Abuse Services: |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                   |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                   |
| Barrett-McClendon,        | Complete Family Treatment Services                                                                                                                                                                      | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                 | (888)405-8738                                                                                       | (402)817-4894                                                     |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatmen | - Family; Adult Non-Ro<br>Services Intensive Ou<br>ation; Juvenile Non-Ro<br>Outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>esidential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                   |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-M                                                                                                                                                          | patient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy- Eating Disorder; Outpatient Therapy- Outpatient: Intensive Outpatient Therapy- Co-occurring; Assemus Assessment: Co-Occurring                                                                                                                                          | apy - Co-occurring; In                                                                              | tensive Outpatient:                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                   |
| Bendy, Laurie             |                                                                                                                                                                                                         | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                                                                                                                                                                                                                                                     | (402)807-2569                                                                                       |                                                                   |
|                           |                                                                                                                                                                                                         | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                            |                                                                                                     | rvices 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<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     | Adult Non-Residentia<br>ervices Intervention/Ed                                                     | Services Outpatient ducation; Juvenile                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C<br>Therapy - Co-occurring; Assessment: Co-Occurr                                                                                                       | Outpatient Therapy including Family Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                                  | ient Therapy - Eating                                                                               | Disorder; Outpatient                                              |
|                           | Sliding Fee Scale;                                                                                                                                                                                      | mig                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                   |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| Name                                               | Agency                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                 | Phone                                                                                | Fax                                    |
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| 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 Outpat<br>Services Intensive Outpatient Treatment; Juver<br>Intervention/Education; Juvenile Non-Residenti<br>Services Outpatient - Individual; Juvenile Non-I | Evaluations; Adult Non-Residential Services Intervention/Edu<br>tient - Family; Adult Non-Residential Services Outpatient - Co<br>nile Assessment Services Substance Abuse Evaluations; Juv<br>al Services Outpatient - Groups; Juvenile Non-Residential Se<br>Residential Services Outpatient - Co-Occurring Treatment | o-Occurring Treatment; Adult No<br>renile Non-Residential Services                   | n-Residential                          |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health;<br>Mental Health; Outpatient Therapy - Co-occurri<br>(Medicaid); Assessment: Co-Occurring                                                              | Outpatient Therapy including Group Sessions-Mental Health ng; Intensive Outpatient: Intensive Outpatient Therapy-Co-od                                                                                                                                                                                                  |                                                                                      |                                        |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Chohon, Allen                                      | Alegent Health                                                                                                                                                                                        | 16909 Lakeside Hills Court Ste 400 Omaha NB 68                                                                                                                                                                                                                                                                          | 130 (402)758-5883                                                                    | (402)758-5855                          |
|                                                    | Family; Adult Non-Residential Services Outpati<br>Services Substance Abuse Evaluations; Juveni<br>Non-Residential Services Outpatient - Individua                                                     | Evaluations; Adult Non-Residential Services Outpatient - Gro ent - Individual; Adult Non-Residential Services Outpatient - Ille Non-Residential Services Outpatient - Groups; Juvenile Nal; Juvenile Non-Residential Services Outpatient - Co-Occurri                                                                   | Co-Occurring Treatment; Juveni<br>on-Residential Services Outpation<br>ing Treatment | le Assessment<br>ent - Family; Juvenil |
| Mental Health Services:<br>Juvenile Services:      | Crisis Phone Line; Emergency Medical Health                                                                                                                                                           | Evaluation; Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                | (bio-psychosocial); Co-Occurrin(                                                     | 9                                      |
| Other Services:                                    | No Voucher Acceptance;                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Corrado, Michael                                   | MAK Development (Michael's House)                                                                                                                                                                     | 9007 F St Omaha NB 68127                                                                                                                                                                                                                                                                                                | (402)917-0926                                                                        |                                        |
| Substance Abuse Services:                          |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Mental Health Services:                            | Outpatient Therapy                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Juvenile Services:                                 |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Other Services:                                    | Hearing Impaired;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Dirks, Tamara                                      | Alcohol & Drug Solutions                                                                                                                                                                              | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                         | (402)461-4960                                                                        |                                        |
| Substance Abuse Services:                          | Monitoring SA/MH; Adult Non-Residential Serv                                                                                                                                                          | Evaluations; Adult Non-Residential Services Intervention/Edu<br>ices Outpatient - Groups; Adult Non-Residential Services Ou<br>services Outpatient - Co-Occurring Treatment; Adult Non-Res                                                                                                                              | tpatient - Family; Adult Non-Res                                                     | idential Services                      |
| Mental Health Services:                            | Outpatient Therapy; Co-Occurring                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Juvenile Services:                                 | 1 177                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Dirks, Tamara                                      |                                                                                                                                                                                                       | 515 Washington St Sterling NB 68443                                                                                                                                                                                                                                                                                     | (402)461-4960                                                                        |                                        |
| Substance Abuse Services:                          |                                                                                                                                                                                                       | Evaluations; Adult Non-Residential Services Intervention/Edutient - Family; Adult Non-Residential Services Outpatient - Inc                                                                                                                                                                                             | •                                                                                    | ervices Outpatient -                   |
| Mental Health Services:                            |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |
| Juvenile Services:                                 |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services:

| Name                                                                       | Agency                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                           | Phone                                                                | Fax                                                     |
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| Doehling, Raechel                                                          | Houses of Hope                                                                                                                                                | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                               | (402)435-3165                                                        |                                                         |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Adult Residential Services Halfway-House                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                         |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                         |
| Elnour, Safaa                                                              | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                            | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                          | (319)594-4183                                                        |                                                         |
|                                                                            | Outpatient Therapy - Individual-Mental Health; In Bilingual Services;                                                                                         | tensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                                                                                                    |                                                                      |                                                         |
| George, Timothy                                                            | Adjudicated Youth Services                                                                                                                                    | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                     | (402)812-6849                                                        |                                                         |
|                                                                            |                                                                                                                                                               | eatment: Tracker (Except Douglas County); Non-Treatment: Supervis<br>Ion-Treatment: Anger Management Class; Non-Treatment: General E<br>t: Family Partner                                                                                                                                                                                         |                                                                      |                                                         |
| 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                                                                                        | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A  Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who                                                                                                                                   | dult Non-Residential                                                 | Services Outpatien                                      |
|                                                                            | Evaluation Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatien | utpatient Assessment (blo-psychosocial), Co-occurring, Adults wild utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychology | nt Therapy including<br>ent: Intensive Outpat<br>Outpatient Therapy- | Family Sessions-<br>ient Therapy-Menta<br>Co-occurring; |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                         |
| Grabowski, Karen                                                           | Behavioral Health Specialist/Seekers of Serenity                                                                                                              | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                              | (402)564-9994                                                        | (402)562-6458                                           |
| Substance Abuse Services:                                                  | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                          | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment                    | ing Treatment; Adult<br>Services Substance                           | Non-Residential Abuse Evaluations;                      |

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

**-**

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                     | Fax                                                                       |
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|                           | Assessment: Pre-Treatment Assessment (Medica                                                                                                                                                                                                           | aid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                           |
| Gregory, Nichole          |                                                                                                                                                                                                                                                        | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)720-1621                                                             | (402)753-6445                                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                                      | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - | Adult Non-Residential<br>ces Intervention/Educ                            | Services Intensive ation; Juvenile Non-                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                           |
|                           | Non-Treatment: General Education Class                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                           |
| Hall, John                | Complete Family Treatment Services                                                                                                                                                                                                                     | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)325-1290                                                             |                                                                           |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Adult Non-Residential<br>ices Substance Abuse<br>on-Residential Servic    | Services Outpatient -<br>e Evaluations; Juvenil<br>es Outpatient - Family |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | Family Sessions-                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                           |
| Hallstrom, Debra          |                                                                                                                                                                                                                                                        | 2170 N. Platte Ave. Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)720-8220                                                             | (402)753-6445                                                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile                                                                                                                                                        | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rring Treatment; Juve<br>sidential Services Out                           | nile Assessment                                                           |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asso                                                                                                                                                                                                        | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nent Assessment (bio                                                      | -psychosocial); Co-                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt Therapy including                                                      | Family Sessions-                                                          |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                           |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                                                   | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)261-6667                                                             | (402)261-6526                                                             |
|                           | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential                                                                                              | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Oresidential Services Outpatient - Co-Occurring Treatment; Juvenile Not (hip-psychosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ring Treatment; Adult<br>n-Residential Services<br>utpatient - Family; Ju | t Non-Residential<br>s<br>venile Non-Residentia                           |

| Name                      | Agency                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                              | Fax                                                      |
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| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpaties; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Intensive 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; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | Services Outpatient -                                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                         | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur<br>(bio-psvchosocial): Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rring i reatment                                                   |                                                          |
| Juvenile Services:        |                                                                                                                                                        | (a.e. p.) a.e. a.e. a.e. a.e. a.e. a.e. a.e. a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
| Koch, Lori                | Stephen Center                                                                                                                                         | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459                                                      | (402)715-5452                                            |
| Mental Health Senices     | Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juve<br>SA/MH; Juvenile Non-Residential Services Outpa | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services enile Assessment Services Substance Abuse Evaluations; Juvenile Itient - Groups; Juvenile Non-Residential Services Outpatient - Fam 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurring - Co-Occurr | Dual Residential (MH<br>Non-Residential Servily; Juvenile Non-Resi | /SA); Adult<br>rices Care Monitoring<br>dential Services |
|                           |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
|                           | Sliding Fee Scale;                                                                                                                                     | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                          |
| other dervices.           | Sliding Fee Scale,                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
| Konen, Michele            | Transition Recovery Center Evaluations                                                                                                                 | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)813-3605                                                      |                                                          |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service                                                   | aluations; Adult Non-Residential Services Intervention/Education; A<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient -<br>vices Substance Abuse Evaluations; Juvenile Non-Residential Servi<br>venile Non-Residential Services Outpatient - Groups; Juvenile Non-<br>dividual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Family; Adult Non-Reces Intervention/Educ                          | sidential Services ation; Juvenile Non-                  |
| Mental Health Services:   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
| Juvenile Services:        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
| 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: | Adult Non-Residential Services Outpatient - Fami                                                                                                       | aluations; Adult Non-Residential Services Partial Care; Adult Non-R<br>ly; Adult Non-Residential Services Outpatient - Individual; Adult Nor<br>ices Intensive Outpatient Treatment; Adult Residential Services Dua<br>Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n-Residential Services                                             | Outpatient - Co-                                         |
| Mental Health Services:   | Outpatient Therapy, Pre-Treatment Assessment (                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                          |
| Juvenile Services:        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                          |

| Name                                  | Agency                                                                                        | Address                                                                                                                                                                                                                                                       | Phone                                                         | Fax                 |
|---------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------|
| Lembke, Brenda                        |                                                                                               | 2170 N Platte Ave Fremont NB 68025                                                                                                                                                                                                                            | (402)753-7556                                                 |                     |
| Substance Abuse Services:             | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Individual; Adult Non-Residential Services Intensive Outp<br>sidential Services Intervention/Education; Juvenile Non-Residenile Non-Residential Services Intensive Outpatient Treatmen | patient Treatment; Juvenile A<br>ential Services Outpatient - | Assessment Services |
| Mental Health Services:               |                                                                                               |                                                                                                                                                                                                                                                               |                                                               |                     |
| Juvenile Services:                    |                                                                                               |                                                                                                                                                                                                                                                               |                                                               |                     |
| Other Services:                       | Sliding Fee Scale;                                                                            |                                                                                                                                                                                                                                                               |                                                               |                     |
| Martin, Kelly                         | Touchstone                                                                                    | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                    | (402)474-4343                                                 | (402)474-6957       |
| Mental Health Services:               | Adult Residential Services Short Term Residentia                                              | al                                                                                                                                                                                                                                                            |                                                               |                     |
| Juvenile Services:<br>Other Services: | Sliding Fee Scale;                                                                            |                                                                                                                                                                                                                                                               |                                                               |                     |
| Martinez , Lesly                      | Pathfinder Support Services                                                                   | 212 East 8 Street Fremont NB 68025                                                                                                                                                                                                                            | (402)721-1414                                                 | (402)721-9251       |
| Substance Abuse Services:             |                                                                                               |                                                                                                                                                                                                                                                               |                                                               |                     |
| Mental Health Services:               |                                                                                               |                                                                                                                                                                                                                                                               |                                                               |                     |
|                                       |                                                                                               | nt: Family Support Worker; Non-Treatment: Day Reporting; N                                                                                                                                                                                                    | Ion-Treatment: Evening Rep                                    | orting              |
| Other Services:                       | 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:             |                                                                                               |                                                                                                                                                                                                                                                               |                                                               |                     |
| Mental Health Services:               | Outpatient Therapy; Pre-Treatment Assessment                                                  | (bio-psychosocial); Psychological Evaluation                                                                                                                                                                                                                  |                                                               |                     |
| Juvenile Services:                    |                                                                                               | utpatient Therapy including Family Sessions-Mental Health; A                                                                                                                                                                                                  | Assessment: Pre-Treatment                                     | Assessment          |
| Other Services:                       | (Medicaid); Assessment: Mental Status Exam (M<br>Sliding Fee Scale;                           | ISE); Assessment: Psychological Evaluation                                                                                                                                                                                                                    |                                                               |                     |
| Mcclure, Gina                         | Halo Counseling Center                                                                        | 8998 L St Suite 110 Omaha NB 68127                                                                                                                                                                                                                            | (402)881-0771                                                 |                     |
| Substance Abuse Services:             |                                                                                               | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv                                                                                                                              |                                                               |                     |
| Mental Health Services:               | Caspation Frontifford                                                                         |                                                                                                                                                                                                                                                               |                                                               |                     |
| Juvenile Services:                    |                                                                                               |                                                                                                                                                                                                                                                               |                                                               |                     |
| 0.1 0 1                               | Sliding Fee Scale;                                                                            |                                                                                                                                                                                                                                                               |                                                               |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                  | Fax                                                                   |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| McNichols, Stephanie      |                                                                                                                                                                                                                                                        | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)440-6496                                                          |                                                                       |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>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 Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adult Non-Residentia<br>rices Substance Abus<br>Ion-Residential Servic | Services Outpatient<br>e Evaluations; Juveni<br>es Outpatient - Famil |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Therapy including                                                  | Family Sessions-                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                       |
| Neve, Robert              | The Clearview Center, Inc.                                                                                                                                                                                                                             | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)612-2516                                                          | (402)614-5447                                                         |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                                                                        | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring Treatment - Co-Occurring | Family; Adult Non-Re                                                   | esidential Services                                                   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                       |
| Juvenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                       |
| 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<br>Services Substance Abuse Evaluations; Juvenile                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occue Non-Residential Services Intervention/Education; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rring Treatment; Juve<br>sidential Services Ou                         | nile Assessment                                                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                       |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                                                                                                                                                                      | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                                          | (402)488-0017                                                         |
| Substance Abuse Services: |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                       |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                                                                                                                                                                        | atment Assessment (bio-psychosocial); Adults who Sexually Harm E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | valuation; Psycholog                                                   | ical Evaluation                                                       |
| Invenile Services:        |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                       |

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                                      | Agency                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                            | Phone                                                                                                                        | Fax                                                                     |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Palacios , Juan                           | Adjudicated Youth Services                                                                                                                                                                             | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                                                      | (402)739-1793                                                                                                                |                                                                         |
| Substance Abuse Services:                 |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Mental Health Services:                   |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Juvenile Services:                        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                          | eatment: Mentoring                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |                                                                         |
| Other Services:                           | Bilingual Services;                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Pilcher, Chris                            | Pilcher Counseling LLC                                                                                                                                                                                 | 6910 Pacific St Ste 320 Omaha NB 68106                                                                                                                                                                                                                                                                                                                                             | (402)715-9710                                                                                                                |                                                                         |
| Substance Abuse Services:                 |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Mental Health Services:                   |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Juvenile Services:                        |                                                                                                                                                                                                        | Outpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Assessment: Pre-Treatment Assessment (Medic                                                                                                                                                                                                                                                          |                                                                                                                              |                                                                         |
| Other Services:                           | Sliding Fee Scale;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Prince, Reginald                          | Serenity Matters                                                                                                                                                                                       | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68                                                                                                                                                                                                                                                                                                                                   | 3111 (402)830-3890 (                                                                                                         | 402)212-0282                                                            |
|                                           | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                        | valuations; Adult Non-Residential Services Intervention/Educatio<br>ent - Family; Adult Non-Residential Services Outpatient - Individu<br>ervices Intervention/Education; Juvenile Non-Residential Services<br>dential Services Outpatient - Individual                                                                                                                            | ual; Juvenile Assessment Se                                                                                                  | rvices Substance                                                        |
|                                           | Non-Treatment: Anger Management Class                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
|                                           | Sliding Fee Scale;                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
|                                           | -                                                                                                                                                                                                      | 0040 Ozersky akaz I kon //400 Linzaka ND 00504                                                                                                                                                                                                                                                                                                                                     | (400) 400 0000                                                                                                               |                                                                         |
| Rendon, Dayana  Substance Abuse Services: | Pathfinder Support Services                                                                                                                                                                            | 3940 Cornhusker Hwy #100 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                          | (402)466-2230                                                                                                                |                                                                         |
| Mental Health Services:                   |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
|                                           | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                          | oatmont: Family Partner                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |                                                                         |
|                                           | Bilingual Services;                                                                                                                                                                                    | eaunent. Family Familei                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |                                                                         |
| Other dervices.                           | billigual Services,                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Rezac, Jacqueline                         | Capstone Behavioral Health                                                                                                                                                                             | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                             | (402)350-3267                                                                                                                |                                                                         |
| Substance Abuse Services:                 | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educatio<br>ses Outpatient - Groups; Adult Non-Residential Services Outpatie<br>ervices Outpatient - Co-Occurring Treatment; Adult Non-Resident<br>e Evaluations; Juvenile Non-Residential Services Intervention/Ecial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ent - Family; Adult Non-Resi<br>tial Services Intensive Outpa<br>lucation; Juvenile Non-Resi<br>ces Outpatient - Family; Juv | dential Services<br>atient Treatment;<br>dential Services<br>enile Non- |
|                                           |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                         |
| Mental Health Services:                   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |                                                                         |
|                                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                           | (bio-psychosocial)<br>Outpatient Therapy including Family Sessions-Mental Health; Ass                                                                                                                                                                                                                                                                                              | sessment: Pre-Treatment As                                                                                                   | sessment                                                                |

| Name                                                                                                                                                                                                     | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                                                                                                                                                        | Fax                                                                                                                                                                                |
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| Schaub, Diedre                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)326-9168                                                                                                                                                                                                                | (402)206-0888                                                                                                                                                                      |
| Substance Abuse Services:                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
| Mental Health Services:                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
| 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:                                                                                                                                                                                          | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
| Schmidt, Sharon                                                                                                                                                                                          | The Resolution Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)223-6061                                                                                                                                                                                                                | (402)223-6625                                                                                                                                                                      |
| Substance Abuse Services:                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
| Mental Health Services:                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
| Juvenile Services:                                                                                                                                                                                       | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | inflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ce                                                                                                                                                                                                                           |                                                                                                                                                                                    |
| Other Services:                                                                                                                                                                                          | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
| Segoviano, Jessica                                                                                                                                                                                       | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)301-6813                                                                                                                                                                                                                |                                                                                                                                                                                    |
| Substance Abuse Services:                                                                                                                                                                                | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | aluations; Adult Non-Residential Services Intervention/Education; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dult Non-Residential :                                                                                                                                                                                                       | Services Outpatient -                                                                                                                                                              |
| Mental Health Services:                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              | Services Intensive                                                                                                                                                                 |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                                            | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | Services Intensive                                                                                                                                                                 |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                                            | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | Services Intensive                                                                                                                                                                 |
| Mental Health Services:<br>Juvenile Services:                                                                                                                                                            | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | Services Intensive<br>(402)753-6445                                                                                                                                                |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services:                                                                                                    | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2170 North Platte Ave Fremont NB 68025  valuations; Adult Non-Residential Services Intervention/Education; A elervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - | (402)720-3992  dult Non-Residential Adult Non-Residential Prvices Intervention/Economics (402)720-3992                                                                                                                       | (402)753-6445<br>Services Outpatient<br>Services Outpatient<br>ducation; Juvenile<br>Outpatient - Individua                                                                        |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services:                                                                                                    | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2170 North Platte Ave Fremont NB 68025  raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A tervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (402)720-3992  dult Non-Residential Adult Non-Residential Prvices Intervention/Economics (402)720-3992                                                                                                                       | (402)753-6445<br>Services Outpatient<br>Services Outpatient<br>ducation; Juvenile<br>Outpatient - Individua                                                                        |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: Mental Health Services:                                                                            | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpoutpatient Therapy including Family Sessions-Metals Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control  | 2170 North Platte Ave Fremont NB 68025  valuations; Adult Non-Residential Services Intervention/Education; A elervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - | (402)720-3992  Idult Non-Residential Adult Non-Residential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention | (402)753-6445 Services Outpatient - Services Outpatient ducation; Juvenile Outpatient - Individua -psychosocial); Co- Mental Health; tensive Outpatient:                           |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                        | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring  Non-Treatment: Anger Management Class; Outpoutpatient Therapy including Family Sessions-Mel Intensive Outpatient Therapy-Mental Health; Interested Therapy-Mental Health; Interested Science Science Outpatient Therapy-Mental Health; Interested Science Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therapy-Mental Health; Interested Outpatient Therap | 2170 North Platte Ave Fremont NB 68025  raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Intervention/Education; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; A cervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Co-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)720-3992  Idult Non-Residential Adult Non-Residential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention | (402)753-6445 Services Outpatient - Services Outpatient ducation; Juvenile Outpatient - Individua -psychosocial); Co- Mental Health; tensive Outpatient:                           |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                        | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring  Non-Treatment: Anger Management Class; Outpoutpatient Therapy including Family Sessions-Multensive Outpatient Therapy-Mental Health; Inter(Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2170 North Platte Ave Fremont NB 68025  raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Intervention/Education; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; A cervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Co-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)720-3992  Idult Non-Residential Adult Non-Residential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention/Edecidential Services Intervention | (402)753-6445 Services Outpatient Services Outpatient ducation; Juvenile Outpatient - Individual-psychosocial); Co-Wental Health; tensive Outpatient:                              |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                         | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) Sliding Fee Scale; Bilingual Services; Associates in Counseling & Treatment Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2170 North Platte Ave Fremont NB 68025  raluations; Adult Non-Residential Services Intervention/Education; A raluations; Adult Non-Residential Services Intervention/Education; A reverse Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; A reverse Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intervention (C/O); Pre-Treatment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses 600 North Cotner, Ste.119 Lincoln NB 68505  raluations; Adult Non-Residential Services Intervention/Education; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)720-3992  dult Non-Residential Adult Non-Residential Services Intervention/Edecade Residential Services (and Services (and Services) (bioding Group Sessions-Papy - Co-occurring; Insement: Pre-Treatment (402)261-6667 | (402)753-6445 Services Outpatient Services Outpatient ducation; Juvenile Outpatient - Individual-psychosocial); Co-Wental Health; tensive Outpatient: t Assessment                 |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Threats, Deb Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) Sliding Fee Scale; Bilingual Services; Associates in Counseling & Treatment Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2170 North Platte Ave Fremont NB 68025  raluations; Adult Non-Residential Services Intervention/Education; A raluations; Adult Non-Residential Services Intervention/Education; A residential Services Outpatient - Individual; A residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient (C/O); Pre-Treatmeters of the residential Health; Outpatient Therapy - Eating Disorder; Outpatient Therapsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assession North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)720-3992  dult Non-Residential Adult Non-Residential Services Intervention/Edecade Residential Services (and Services (and Services) (bioding Group Sessions-Papy - Co-occurring; Insement: Pre-Treatment (402)261-6667 | (402)753-6445 Services Outpatient - Services Outpatient ducation; Juvenile Outpatient - Individuapsychosocial); Co- Wental Health; tensive Outpatient: t Assessment  (402)261-6526 |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services:                                         | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment  Sliding Fee Scale;  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) Sliding Fee Scale; Bilingual Services; Associates in Counseling & Treatment Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2170 North Platte Ave Fremont NB 68025  raluations; Adult Non-Residential Services Intervention/Education; A raluations; Adult Non-Residential Services Intervention/Education; A reverse Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; A reverse Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intervention (C/O); Pre-Treatment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses 600 North Cotner, Ste.119 Lincoln NB 68505  raluations; Adult Non-Residential Services Intervention/Education; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)720-3992  dult Non-Residential Adult Non-Residential Services Intervention/Edecade Residential Services (and Services (and Services) (bioding Group Sessions-Papy - Co-occurring; Insement: Pre-Treatment (402)261-6667 | (402)753-6445 Services Outpatient Services Outpatient ducation; Juvenile Outpatient - Individual-psychosocial); Co-Wental Health; tensive Outpatient: t Assessment                 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Residential Services Outpatient - Groups; Juvenile Non-Residential

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   | Address                                                                                                                                                                                         | Phone                                                                     | Fax                                                                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| Vasquez-Evans, Linda      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7701 Pacific Stre                                                                                 | et, Ste 101 Omaha NB 68114                                                                                                                                                                      | (402)889-6359                                                             | (402)564-7735                                                       |
|                           | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ent - Family; Adult No<br>Services Intensive Ou<br>; Juvenile Non-Resid<br>ndividual; Juvenile No | n-Residential Services Outpatient - Individual:<br>tpatient Treatment; Juvenile Assessment Ser<br>ential Services Outpatient - Groups; Juvenile<br>n-Residential Services Outpatient - Co-Occur | ; Adult Non-Residential<br>vices Substance Abus<br>Non-Residential Servic | Services Outpatient<br>e Evaluations; Juven<br>es Outpatient - Fami |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (bio-psychosocial); C                                                                             | o-Occurring                                                                                                                                                                                     |                                                                           |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Assessment (Medicaid); Assessment: Mental Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Health; Intensive Ou                                                                              | patient: Intensive Outpatient Therapy-Co-occ                                                                                                                                                    |                                                                           |                                                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , ,,                                                                                              | · ·                                                                                                                                                                                             |                                                                           |                                                                     |
| Walton, Robert            | Phoenix House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1571 23rd Ave(                                                                                    | Columbus NB 68601                                                                                                                                                                               | (402)841-3791                                                             | (402)302-1001                                                       |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ervices Substance Auvenile Non-Residen                                                            | buse Evaluations; Juvenile Non-Residential S<br>ial Services Outpatient - Family; Juvenile Nor                                                                                                  | Services Intervention/Ed                                                  | ducation; Juvenile                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4545 S 86th St I                                                                                  | incoln NB 68520                                                                                                                                                                                 | (402)759-3802                                                             | (402)759-3803                                                       |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; As Assessment: Mental Status Exam (MSE); Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                                                 | Outpatient Psychiatric E                                                  | Evaluation;                                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| White, Nichole            | Blue Valley Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1123 N 9th St                                                                                     | Beatrice NB 68310                                                                                                                                                                               | (402)228-3386                                                             |                                                                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                 | •                                                                                                                                                                                               |                                                                           | Services Outpatient                                                 |
| Mental Health Services:   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>,</b> ,                                                                                        |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                                                                                 |                                                                           |                                                                     |
| Woslager, Tammy           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 900 W Norfolk A                                                                                   | ve Ste 200 Norfolk NB 68701                                                                                                                                                                     | (402)370-3140                                                             |                                                                     |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Services Outpatient - Co-C Short Term Residential Co-C Services Outpatient - Co-C Short Term Residential Co-C Services Outpatient - Co-C Services Outpatient - Co-C Services Outpatient - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - C Services - | ips; Adult Non-Resid<br>Occurring Treatment;<br>rvices Substance Ab                               | ential Services Outpatient - Family; Adult Non<br>Adult Non-Residential Services Intensive Out                                                                                                  | -Residential Services (<br>patient Treatment; Adu                         | Dutpatient - Individua<br>ılt Residential Service                   |

| Name                    | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address                                                                 | Phone                | Fax                  |  |  |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------|----------------------|--|--|
| Mental Health Services: | Juvenile Non-Residential Services Intensive Outp                                                                                                                                                                                                                                                                                                                                                                                                             | ential Services Outpatient - Individual; Juvenile Non-Residential Servi | ces Outpatient - Co- | Occurring Treatment; |  |  |
| Juvenile Services:      | Ion-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental lealth; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring |                                                                         |                      |                      |  |  |
| Other Services:         | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                      |                      |  |  |

| Name                                                 | Agency                                          | Address                                                                                                                                                                                                                                                           | Phone              | Fax                |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Arriaga, Ruby                                        | Valley Youth Connections                        | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                          | (308)633-0110      | (308)633-0112      |
| Substance Abuse Services:                            |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Mental Health Services:                              |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
|                                                      | •                                               | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                           |                    |                    |
| Other Services:                                      | Bilingual Services;                             |                                                                                                                                                                                                                                                                   |                    |                    |
| Arriaga-Velez, Brenda                                | Valley Youth Connections                        | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                          | (308)633-0110      | (308)633-0112      |
| Substance Abuse Services:                            |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Mental Health Services:                              |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
|                                                      |                                                 | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                           |                    |                    |
| Other Services:                                      | Bilingual Services;                             |                                                                                                                                                                                                                                                                   |                    |                    |
| Baker, Guadalupe                                     | Alcohol and Drug Addiction                      | 3321 Ave I Suite C Scottsbluff NB 69361                                                                                                                                                                                                                           | (308)631-1709      | (308)635-7412      |
| Substance Abuse Services:  Mental Health Services:   | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; J<br>vices Intervention/Education; Juvenile Non-Residential Services Out<br>lential Services Outpatient - Individual | uvenile Assessment | Services Substance |
| Juvenile Services:                                   |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
|                                                      | Bilingual Services;                             |                                                                                                                                                                                                                                                                   |                    |                    |
|                                                      |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Benesch, Kevin                                       | HopeSpoke                                       | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                        | (402)475-7666      | (402)476-9623      |
| Substance Abuse Services:                            |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Mental Health Services:                              |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Juvenile Services:                                   |                                                 | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexunt: Psychological Evaluation; Assessment: Juvenile Who Sexually H                                                                                                                                |                    |                    |
| Other Services:                                      | Sliding Fee Scale;                              |                                                                                                                                                                                                                                                                   |                    |                    |
|                                                      |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Chavez, Mario                                        | Optimal Family Preservation                     | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                                                                                              | (308)633-3703      | (308)633-3837      |
| Chavez, Mario Substance Abuse Services:              | Optimal Family Preservation                     | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                                                                                              | (308)633-3703      | (308)633-3837      |
| Substance Abuse Services:<br>Mental Health Services: |                                                 |                                                                                                                                                                                                                                                                   |                    |                    |
| Substance Abuse Services:<br>Mental Health Services: |                                                 | Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment:                                                                                                                                                                                                      |                    |                    |

| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Intervention/Education; A ces Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Outpuvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re<br>Services Intensive Ou<br>H; Juvenile Non-Resio | esidential Services<br>tpatient Treatment;<br>dential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                |
|                           | Mental Health; Outpatient Therapy - Co-occurring<br>Therapy-Co-occurring; Assessment: Co-Occurrin                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health<br>g                                                                                                                                                                                                                                                                   |                                                                        |                                                                |
| 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 No<br>Services Outpatient - Family; Juvenile Non-Residential Services Out<br>(bio-psychosocial): Co-Occurring                                                                                                                                                                                                                                |                                                                        | •                                                              |
|                           |                                                                                                                                                                                                               | utpatient Therapy including Family Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                               | ent Therapy - Co-occ                                                   | urring; Assessment                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Cooper, Penny             |                                                                                                                                                                                                               | 515 Elm St Bayard NB 69334                                                                                                                                                                                                                                                                                                                                                                                      | (308)631-5523                                                          |                                                                |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                               | raluations; Adult Non-Residential Services Outpatient - Individual; J<br>rvices Outpatient - Individual                                                                                                                                                                                                                                                                                                         | uvenile Assessment S                                                   | ervices Substance                                              |
| Mental Health Services:   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Juvenile Services:        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Other Services:           | Hearing Impaired;                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Cooper, Penny             | Valley Youth Connections                                                                                                                                                                                      | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                        | (308)631-5523                                                          |                                                                |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential                                                                                                                | Evaluations; Juvenile Non-Residential Services Outpatient - Group                                                                                                                                                                                                                                                                                                                                               | s; Juvenile Non-Resid                                                  | dential Services                                               |
| Mental Health Services:   | Outpatient - individual, suverille Non-Nesidential                                                                                                                                                            | Services intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                |
| Juvenile Services:        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Other Services:           | Hearing Impaired;                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                |
| Crouch, Samuel            |                                                                                                                                                                                                               | 120 E 16th St Suite C Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                      | (308)225-0500                                                          |                                                                |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                               | raluations; Adult Non-Residential Services Outpatient - Individual; Jurvices Outpatient - Individual                                                                                                                                                                                                                                                                                                            | uvenile Assessment S                                                   | ervices Substance                                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                |
| Juvenile Services:        |                                                                                                                                                                                                               | utpatient Therapy including Group Sessions-Mental Health; Outpati<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen                                                                                                                                                                                                                                                                              |                                                                        | Family Sessions-                                               |

| Name                      | Agency                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                 | Fax                   |
|---------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 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; Ad<br>nt - Individual; Juvenile Assessment Services Substance Abuse Eval<br>Services Outpatient - Groups; Juvenile Non-Residential Services Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | uations; Juvenile No  |                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment              | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                       |
|                           | Therapy - Co-occurring; Assessment: Pre-Treatm            | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>nent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt Therapy - Eating D | Disorder; Outpatient  |
| Other Services.           | Sliding Fee Scale;                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                       |
| Crouch, Samuel            | Valley Youth Connections                                  | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)225-0500         |                       |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment              | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                       |
| Juvenile Services:        |                                                           | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incliental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                       |
| 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:   | Outpatient Therapy; Pre-Treatment Assessment              | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                       |
| Juvenile Services:        |                                                           | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | tal Health; Intensive |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                       |
| Duarte, Christine         | Valley Youth Connections                                  | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-0110         | (308)633-0112         |
| Substance Abuse Services: |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                       |
| Mental Health Services:   |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                       |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre             | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                       |
| Other Services:           | Bilingual 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; Aditient - Co-Occurring Treatment; Juvenile Assessment Services Substantile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Indiv | ance Abuse Evaluat    | ions; Juvenile Non-   |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Assessment (bio   | -psychosocial); Co-   |

| Name                      | Agency                                                                                         | Address                                                                                                                                                                                    | Phone                                                     | Fax                                 |
|---------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                   | utpatient Therapy including Family Sessions-Mental Health<br>nent: Mental Status Exam (MSE); Assessment: Co-Occurrin                                                                       |                                                           | rring; Assessment:                  |
| Other Services.           | Sliding Fee Scale;                                                                             |                                                                                                                                                                                            |                                                           |                                     |
| Ferguson, Amanda          | Region 1 Behavioral Health Authority                                                           | 4110 Avenue D Scottsbluff NB 69361                                                                                                                                                         | (308)635-3173                                             | (308)633-2095                       |
| Substance Abuse Services: |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Mental Health Services:   |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                            |                                                                                                                                                                                            |                                                           |                                     |
| Other Services:           | Bilingual Services;                                                                            |                                                                                                                                                                                            |                                                           |                                     |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                                                           | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                      | (308)633-2070                                             |                                     |
| Substance Abuse Services: |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Mental Health Services:   |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                            |                                                                                                                                                                                            |                                                           |                                     |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                              | ervices;                                                                                                                                                                                   |                                                           |                                     |
| Gill, Janeen              | Serenity Counseling Services                                                                   | 1300 E 4th Suite H North Platte NB 69101                                                                                                                                                   | (308)737-1351                                             |                                     |
| Substance Abuse Services: |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                   | (bio-psychosocial); Co-Occurring; Adults who Sexually Har                                                                                                                                  | m Evaluation                                              |                                     |
|                           | Outpatient Therapy including Family Sessions-M<br>Pre-Treatment Assessment (Medicaid); Assessm | eatient Therapy - Individual-Mental Health; Outpatient Thera<br>lental Health; Outpatient Therapy - Eating Disorder; Day Tre<br>nent: Mental Status Exam (MSE)                             | py including Group Sessions-Neatment Day Treatment-Mental | fental Health;<br>Health; Assessmer |
| Other Services:           | Sliding Fee Scale;                                                                             |                                                                                                                                                                                            |                                                           |                                     |
| Gonzalez, Olivia          | Community Action Partnership of Western Nebraska                                               | 3350 10th Street Gering NB 69341                                                                                                                                                           | (308)635-3089                                             | (308)635-0264                       |
| Substance Abuse Services: |                                                                                                | valuations; Adult Non-Residential Services Outpatient - Indivices Substance Abuse Evaluations; Juvenile Non-Residen                                                                        |                                                           |                                     |
| Mental Health Services:   | Tresidential Cervices Calpatient Individual                                                    |                                                                                                                                                                                            |                                                           |                                     |
| Juvenile Services:        |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                         |                                                                                                                                                                                            |                                                           |                                     |
| Hajek, Marilyn            | Destiny Counseling Services                                                                    | 1023 10th Ave Sidney NB 69162                                                                                                                                                              | (308)254-0737                                             |                                     |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien                                               | valuations; Adult Non-Residential Services Outpatient - Gro<br>nt - Individual; Adult Non-Residential Services Intensive Ou<br>sidential Services Outpatient - Groups; Juvenile Non-Reside | tpatient Treatment; Juvenile As                           | sessment Services                   |
| Mental Health Services:   |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                          |                                                                                                                                                                                            |                                                           |                                     |
|                           |                                                                                                |                                                                                                                                                                                            |                                                           |                                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                                                                                                   | Agency                                                                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                              | Fax                                                                                                              |
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| Hall, Anthony                                                                                          | Cirrus House Inc                                                                                                                                                                                                                                                                                       | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)635-1488                                                                                                                                                                                                      |                                                                                                                  |
| Substance Abuse Services:                                                                              | Groups; Adult Non-Residential Services Outpat                                                                                                                                                                                                                                                          | Evaluations; Adult Non-Residential Services Intervention/Editient - Individual; Juvenile Assessment Services Substance Atlant Services Outpatient - Groups; Juvenile Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Abuse Évaluations; Juvenile Nor                                                                                                                                                                                    |                                                                                                                  |
| Mental Health Services:                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
| Juvenile Services:                                                                                     |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
| Other Services:                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
| Hood, Colleen                                                                                          | Human Services Inc                                                                                                                                                                                                                                                                                     | 419 West 25th St. Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (308)762-7177                                                                                                                                                                                                      | (308)762-6121                                                                                                    |
|                                                                                                        | Co-Occurring Treatment; Adult Non-Residentia<br>Assessment Services Substance Abuse Evalua<br>Groups; Juvenile Non-Residential Services Out                                                                                                                                                            | tient - Family; Adult Non-Residential Services Outpatient - In<br>Il Services Intensive Outpatient Treatment; Adult Residential<br>ations; Juvenile Non-Residential Services Intervention/Educa<br>tpatient - Family; Juvenile Non-Residential Services Outpatien<br>Non-Residential Services Intensive Outpatient Treatment; Ju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Services Short Term Residentia<br>ation; Juvenile Non-Residential S<br>ent - Individual; Juvenile Non-Re                                                                                                           | al; Juvenile<br>Services Outpatient -<br>sidential Services                                                      |
| Mental Health Services:                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
|                                                                                                        |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
| Juvenile Services:                                                                                     |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
|                                                                                                        | Sliding Fee Scale;                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                  |
|                                                                                                        | Sliding Fee Scale; Bryan Independence Center                                                                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                                                                                                      |                                                                                                                  |
| Other Services:<br>Johnson, Jill                                                                       | Bryan Independence Center  Adult Assessment Services Substance Abuse It Adult Non-Residential Services Outpatient - Gradult Non-Residential Services Outpatient - Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Ju Juvenile Non-Residential Services Outpatient - | 1640 Lake St. Lincoln NB 68501  Evaluations; Adult Non-Residential Services Intervention/Edioups; Adult Non-Residential Services Outpatient - Family; A b-Occurring Treatment; Adult Non-Residential Services Intenervices Short Term Residential; Juvenile Assessment Service Intervenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Chile Non-Residential Services Partial Care; Juvenile Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ucation; Adult Non-Residential S<br>dult Non-Residential Services Of<br>sive Outpatient Treatment; Adult<br>es Substance Abuse Evaluations<br>ile Non-Residential Services Out<br>to-Occurring Treatment; Juvenile | utpatient - Individual;<br>t Residential Services<br>s; Juvenile Non-<br>tpatient - Family;<br>e Non-Residential |
| Other Services:<br>Johnson, Jill                                                                       | Bryan Independence Center  Adult Assessment Services Substance Abuse It Adult Non-Residential Services Outpatient - Gradult Non-Residential Services Outpatient - Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Ju Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Edioups; Adult Non-Residential Services Outpatient - Family; Ab-Occurring Treatment; Adult Non-Residential Services Intervices Short Term Residential; Juvenile Assessment Servicevenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occ | ucation; Adult Non-Residential S<br>dult Non-Residential Services Of<br>sive Outpatient Treatment; Adult<br>es Substance Abuse Evaluations<br>ile Non-Residential Services Out<br>to-Occurring Treatment; Juvenile | utpatient - Individual;<br>t Residential Services<br>s; Juvenile Non-<br>tpatient - Family;<br>e Non-Residential |
| Other Services:  Johnson, Jill  Substance Abuse Services:                                              | Bryan Independence Center  Adult Assessment Services Substance Abuse It Adult Non-Residential Services Outpatient - Gradult Non-Residential Services Outpatient - Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Ju Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Edioups; Adult Non-Residential Services Outpatient - Family; Ab-Occurring Treatment; Adult Non-Residential Services Intervices Short Term Residential; Juvenile Assessment Servicevenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occ | ucation; Adult Non-Residential S<br>dult Non-Residential Services Of<br>sive Outpatient Treatment; Adult<br>es Substance Abuse Evaluations<br>ile Non-Residential Services Out<br>to-Occurring Treatment; Juvenile | utpatient - Individual;<br>t Residential Services<br>s; Juvenile Non-<br>tpatient - Family;<br>e Non-Residential |
| Other Services:  Johnson, Jill  Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Bryan Independence Center  Adult Assessment Services Substance Abuse It Adult Non-Residential Services Outpatient - Gradult Non-Residential Services Outpatient - Could Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Ju Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Edioups; Adult Non-Residential Services Outpatient - Family; Ab-Occurring Treatment; Adult Non-Residential Services Intervices Short Term Residential; Juvenile Assessment Servicevenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occupation - Occ | ucation; Adult Non-Residential S<br>dult Non-Residential Services Of<br>sive Outpatient Treatment; Adult<br>es Substance Abuse Evaluations<br>ile Non-Residential Services Out<br>to-Occurring Treatment; Juvenile | utpatient - Individual;<br>t Residential Services<br>s; Juvenile Non-<br>tpatient - Family;<br>e Non-Residential |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Assessment: Mental Status Exam (MSE); Assessment: Medication Management

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                                                                    |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Eenile Assessment Services Substance Abuse Evaluations; Juvenile Intent - Groups; Juvenile Non-Residential Services Outpatient - Famil 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurrin | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Serv<br>y; Juvenile Non-Res | Services Outpatient<br>/SA); Adult<br>vices Care Monitoring<br>idential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                  |
| Juvenile Services:        | Outpatient Therapy - Co-occurring; Intensive Out                                                                                                                                                                                                               | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Lane, Jeannine            | McConaughy Discovery Center                                                                                                                                                                                                                                    | 401 N Spruce St Ogallala NB 69153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (308)284-4491                                                                               | (308)284-4100                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                                                       | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-0110                                                                               | (308)633-0112                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                                                                                                                                                                                  | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Matilainen, Rodney        | Community Action Partnership of Western Nebraska                                                                                                                                                                                                               | 3350 10th Street Gering NB 69341                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (308)632-2540                                                                               |                                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>t - Individual; Adult Non-Residential Services Intensive Outpatient Tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| McManigal, Cory           | Community Action Partnership of Western Nebraska                                                                                                                                                                                                               | 975 Crescent Drive Gering NB 69341                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (308)633-5766                                                                               | (308)633-2650                                                                    |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>ices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | dult Non-Residential                                                                        | Services Intensive                                                               |
| Mental Health Services:   | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                  |

| Name                      | Agency                                                                                                                                           | Address                                                                                                                                                                                                                                                        | Phone                                          | Fax                                     |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| Moreno, Evelina           | Cirrus House Inc                                                                                                                                 | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                              | (308)220-3291                                  | (308)635-7880                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adu<br>nt - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Groups; Juvenile Non-Residential Services Out                                            | uations; Juvenile No                           |                                         |
| Mental Health Services:   |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:        |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                |                                                |                                         |
| Moreno, Evelina           | Valley Youth Connections                                                                                                                         | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                       | (308)635-1488                                  |                                         |
| Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In                                                                                                | dividual; Juvenile Non-Residential Services Intensive Outpatient Trea                                                                                                                                                                                          | atment                                         |                                         |
| Mental Health Services:   |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:        |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                                                               |                                                                                                                                                                                                                                                                |                                                |                                         |
| Palomo, Daniel            | Life Counseling and Wellness Center                                                                                                              | 1516 21st Ave Scottsbluff NB 69361                                                                                                                                                                                                                             | (308)631-9357                                  |                                         |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi                                                                                               | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance Assessment Services Substance Assessment Services Outpatient - Individual; Juvenile Non-Res                               | Abuse Evaluations;                             | Juvenile Non-                           |
| Mental Health Services:   |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Juvenile Services:        |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                           |                                                                                                                                                                                                                                                                |                                                |                                         |
| Raney, Sandra             | Community Justice Center                                                                                                                         | 211 North 14th St, Suite 314 Lincoln NB 68508                                                                                                                                                                                                                  | (308)225-4335                                  | (308)633-2020                           |
| Substance Abuse Services: |                                                                                                                                                  |                                                                                                                                                                                                                                                                |                                                |                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                   | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                                                            | on                                             |                                         |
| 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: |                                                                                                                                                  | aluations; Adult Non-Residential Services Outpatient - Individual; Adu<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv<br>reatment                                                                                                       |                                                |                                         |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                        | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                             | ent Assessment (bio                            | -psychosocial); Co-                     |
|                           | Non-Treatment: Family Support Worker; Non-Tre<br>Evening Reporting; Non-Treatment: Anger Manag<br>Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatmegement Class; Non-Treatment: General Education Class; Outpatient Tental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | Therapy - Individual-<br>ealth; Outpatient The | Mental Health;<br>erapy - Co-occurring; |

| Red Nest III, Edison Native Futures 1227 Big Horn Alliance NB 69301 (308)458-7795  Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc 1917 Avenue A Scottsbluff NB 69361 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (308)633-1390 (30 | Name                      | Agency                                                                                                                              | Address                                                                                                                                       | Phone                          | Fax                |
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| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Siding Fee Scale;  Rodriguez, Juanita  ACCS Inc  1917 Avenue A Scottsbluff NB 69361  Substance Abuse Services:  Active Assessment Services Substance Abuse Services  Alult Assessment Services Substance Abuse Services  Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family Partner  Other Services:  Accided a Substance Abuse Services:  Accided a Substance Abuse Services:  Accided a Substance Abuse Services:  Accided a Substance Abuse Services:  Accided a Substance Abuse Services:  Accided a Substance Abuse Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Service |                           | Agency                                                                                                                              | Addiess                                                                                                                                       | 1 Hone                         | I dx               |
| Mental Health Services:  Juvenile Services:  Non-Treatment: Family Support Worker; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Evening Reporting Non-Residential Services (Sliding Fee Scale;  Substance Abuse Services: Non-Treatment: Evening Reporting Non-Residential Services Substance Abuse Services: Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance | Red Nest III, Edison      | Native Futures                                                                                                                      | 1227 Big Horn Alliance NB 69301                                                                                                               | (308)458-7795                  |                    |
| Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment Management Class; Non-Treatment: Employment Placement Program; Non-Treatment: Family Partner  Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc 1917 Avenue A Scottsbluff NB 69361 (308)633-1390 (308)633  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education, Juvenile Assessment Services Organizes, Adult Non-Residential Services Intervention/Education, Juvenile Assessment Services Organizes, Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services Organizes - Individual; Juvenile Assessment Services - Juvenile Services: Sliding Fee Scale;  Santana, Melissa Guardian Light Family Services 509 E 4th Street, Suite E North Platte NB 69101 (308)631-2665  Substance Abuse Services: Mental Health Services: Organizes - Individual; Juvenile Services: Sliding Services: Organizes - Individual; Juvenile Services: Organizes - Individual; Juvenile Services: Organizes - Individual; Juvenile Services: Organizes - Individual; Juvenile Services: Organizes - Individual; Juvenile Services: Organizes - Individual - Individual - Individual; Juvenile Services: Organizes - Individual; Adult Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - Individual - In | Substance Abuse Services: |                                                                                                                                     |                                                                                                                                               |                                |                    |
| Management Class; Non-Treatment: Mentoring; Non-Treatment: Employment Placement Program; Non-Treatment: Family Partner  Other Services: Sliding Fee Scale;  Rodriguez, Juanita ACCS Inc 1917 Avenue A Scottsbluff NB 69361 (308)633-1390 (308)633-  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient: Individual; Juvenile Assessment Services Soutpatient: Pamily; Adult Non-Residential Services Outpatient: Individual; Juvenile Assessment Services Soutpatient: Pamily; Adult Non-Residential Services Outpatient: Individual; Juvenile Assessment Services Soutpatient: Pamily; Juvenile Non-Residential Services Outpatient: Individual; Juvenile Non-Residential Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services Outpatient: Individual Services O | Mental Health Services:   |                                                                                                                                     |                                                                                                                                               |                                |                    |
| Rodriguez, Juanita ACCS Inc 1917 Avenue A Scottsbluff NB 69361 (308)633-1390 (308)633- Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services S Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services S Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Individual; Juvenile Non-Residential Services Individual; Juvenile Non-Treatment: Family Services Substance Abuse Services:  Substance Abuse Services: Adult Assessment Services Substance Abuse Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services Substance Abuse Services: Adult Assessment Services Substance Abuse Services: Adult Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Non-Residential Services Outpatient - Individual Non-Residential Services Outpatient - Individual Non-Residential Services Outpatient - Individual Non-Residential Services Outpatient - Individual Non-Residential Services Outpatient - Individual Non-Residential Services Outpat | Juvenile Services:        |                                                                                                                                     |                                                                                                                                               |                                | n-Treatment: Ange  |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Non-Treatment: General Education Class; Non-Treatment: Family Partner; Contracted Services: Electronic Monitoring Other Services: Sliding Fee Scale;  Santana, Melissa Guardian Light Family Services 509 E 4th Street, Suite E North Platte NB 69101 (308)631-2665  Substance Abuse Services: Mental Health Services Non-Treatment: Family Support Worker Other Services: Bilingual Services; Other Services: Bilingual Services; Other Services: Adult Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)83;  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring, Adults who Sexually Harm Evaluation; Psychological Evaluation Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Unvenile Mental Health; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Assessment Mental Status Exam (MSE); Assessment: Psychological Evaluation Assess | Other Services:           | Sliding Fee Scale;                                                                                                                  |                                                                                                                                               |                                |                    |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services S Abuse Evaluations; Juvenile Non-Residential Services Intervention(catation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Non-Treatment: General Education Class; Non-Treatment: Family Partner; Contracted Services: Electronic Monitoring Other Services: Sliding Fee Scale;  Santana, Melissa Guardian Light Family Services 509 E 4th Street, Suite E North Platte NB 69101 (308)631-2665  Substance Abuse Services: Mental Health Services: Juvenile Services: Non-Treatment: Family Support Worker Other Services: Bilingual 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 Evaluations Mental Health Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)83;  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Ne Residential Services Outpatient - Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Juvenile Ne Residential Services Outpatient - Treatment; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (Medicaid); Assessment: Sevenices Outpatient: Intensive Outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient Therapy outpatient  | Rodriguez, Juanita        | ACCS Inc                                                                                                                            | 1917 Avenue A Scottsbluff NB 69361                                                                                                            | (308)633-1390                  | (308)633-1393      |
| Juvenile Services: Non-Treatment: General Education Class; Non-Treatment: Family Partner; Contracted Services: Electronic Monitoring Other Services: Sliding Fee Scale;  Santana, Melissa Guardian Light Family Services 509 E 4th Street, Suite E North Platte NB 69101 (308)631-2665  Substance Abuse Services: Mental Health Services: Juvenile Services: Non-Treatment: Family Support Worker Other Services: Bilingual Services; Bilingual Services; Mental Health Services: Adult Assessment Services Substance Abuse Evaluations  Mental Health Services: Other Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage  1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)832  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Ireatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Juvenile Services: Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Intensive Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Who Sexually Harm; Assessment: Co-Occurring; Intensive Outpatient Therapy including Evaluation (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Medicaid); Assessment: Who Sexually Harm Evaluation; Co-Occurring Intensive Outpatient Therapy including Evaluation (Medicaid); Assessment: Mental Sta |                           | Groups; Adult Non-Residential Services Out Abuse Evaluations; Juvenile Non-Residentia                                               | patient - Family; Adult Non-Residential Services Outpatient - Individ<br>al Services Intervention/Education; Juvenile Non-Residential Service | ual; Juvenile Assessment S     | Services Substance |
| Other Services: Sliding Fee Scale;  Santana, Melissa Guardian Light Family Services 509 E 4th Street, Suite E North Platte NB 69101 (308)631-2665  Substance Abuse Services:     Mental Health Services:     Juvenile Services: Non-Treatment: Family Support Worker     Other Services: Bilingual 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 Evaluations     Mental Health Services: Other Services:     Juvenile Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)83:  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Ses Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient. Intensive Outpatient Therapy Who Sexually Harm; Assessment: Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Mental Status Exam (MSE); Assessment: Psy |                           |                                                                                                                                     |                                                                                                                                               |                                |                    |
| Santana, Melissa Guardian Light Family Services 509 E 4th Street, Suite E North Platte NB 69101 (308)631-2665  Substance Abuse Services:     Mental Health Services:     Juvenile Services: Non-Treatment: Family Support Worker     Other Services: Bilingual 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 Evaluations     Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring     Juvenile Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)83;  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Treatment; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Mental Health; Outpatient Therapy; Pre-Treatment Assessment; Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluations Assessment: Psychological Evaluation Assessment: Co-Occurring; Intensive Outpatient: Intensive Outpatient Therapy including Evaluation (MSE); Assessment: Psychological Evaluation Assessment: Decocurring Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Assessment: Co-Occurring Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Psychological Evaluation Assessment: Psychological Evaluation Assessment: Psychological Evaluation Assessment: Psychological Evaluation Assessment: Psych |                           |                                                                                                                                     | Ion-Treatment: Family Partner; Contracted Services: Electronic Mon                                                                            | itoring                        |                    |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Mon-Treatment: Family Support Worker  Other Services:  Bilingual 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 Evaluations  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services:  Other Services:  Stermensky, Dr. Gage  1811 Avenue A Scottsbluff NB 69361  (417)413-0085  (308)83;  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults Non-Residential Therapy including Family Services Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Services Mental Health; Outpatient Therapy - Vouth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment: Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Devocing Sessions-Mental Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Oc-Occurring                                                                                                                                                                                                                                 | Other Services:           | Sliding Fee Scale;                                                                                                                  |                                                                                                                                               |                                |                    |
| Mental Health Services:     Juvenile Services:     Authorite Avenues Counseling     Substance Abuse Services:     Other Services:     Other Services:     Adult Assessment Services Substance Abuse Evaluations     Mental Health Services:     Other Services:     Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring     Juvenile Services:     Other Services:     Other Services:     Substance Abuse Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Outpatient Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual     Mental Health Services:     Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation     Juvenile Services:     Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy who Sexually Harm; Assessment: Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Assessment: Assessment: Co-Occurring     Outpatient Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Assessment: Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                              | Santana, Melissa          | Guardian Light Family Services                                                                                                      | 509 E 4th Street, Suite E North Platte NB 69101                                                                                               | (308)631-2665                  |                    |
| Juvenile Services: Non-Treatment: Family Support Worker Other Services: Bilingual 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 Evaluations Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)832  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Plandividual; Adult Non-Residential Services Outpatient Plandividual; Adult Non-Residential Services Outpatient Plandividual; Adult Non-Residential Services Outpatient Plandividual; Adult Non-Residential Services Outpatient Plandividual; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Uptatient Therapy - Individual Plandividual Plan | Substance Abuse Services: |                                                                                                                                     |                                                                                                                                               |                                |                    |
| Other Services: Bilingual 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 Evaluations  Mental Health Services: Outpatient Therapy Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)832  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 - Individual  Mental Health Services: Outpatient Therapy Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Ses Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment: Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Duvenile Who Sexually Harm Risk Assessment: Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mental Health 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 Evaluations  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 (308)832  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Ses Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Intensive Outpatient Therapy 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Juvenile Services:        | Non-Treatment: Family Support Worker                                                                                                |                                                                                                                                               |                                |                    |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage  1811 Avenue A Scottsbluff NB 69361  (417)413-0085  (308)832  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment; Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Juvenile Who Sexually Harm Risk Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other Services:           | Bilingual Services;                                                                                                                 |                                                                                                                                               |                                |                    |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Stennis, Gladys           | Infinite Avenues Counseling                                                                                                         | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                        | (402)905-6296                  |                    |
| Juvenile Services: Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage  1811 Avenue A Scottsbluff NB 69361  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Substance Abuse Services: | Adult Assessment Services Substance Abus                                                                                            | se Evaluations                                                                                                                                |                                |                    |
| Other Services: Sliding Fee Scale;  Stermensky, Dr. Gage  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessn                                                                                           | nent (bio-psychosocial); Co-Occurring                                                                                                         |                                |                    |
| Stermensky, Dr. Gage  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Juvenile Services:        |                                                                                                                                     |                                                                                                                                               |                                |                    |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Sexually Harm Risk Assessment: Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other Services:           | Sliding Fee Scale;                                                                                                                  |                                                                                                                                               |                                |                    |
| Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services:  Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Sexually Harm Risk Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Stermensky, Dr. Gage      |                                                                                                                                     | 1811 Avenue A Scottsbluff NB 69361                                                                                                            | (417)413-0085                  | (308)832-4844      |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Ses Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Individual; Adult Non-Residential Services In Residential Services Outpatient - Groups; Ju                                          | ntensive Outpatient Treatment; Juvenile Assessment Services Subst<br>uvenile Non-Residential Services Outpatient - Individual                 | tance Abuse Evaluations; J     | uvenile Non-       |
| Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Eva Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                     | , , ,                                                                                                                                         |                                |                    |
| Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Mental Health; Outpatient Therapy - Youth V<br>Who Sexually Harm; Assessment: Pre-Treat<br>Assessment: Juvenile Who Sexually Harm R | Who Sexually Harm, Outpatient Therapy - Co-occurring; Intensive Or<br>tment Assessment (Medicaid); Assessment: Mental Status Exam (M          | utpatient: Intensive Outpation | ent Therapy-Youth  |
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| Taylor, Jennifer                                                                                                                                                                                     | Inspirit Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Substance Abuse Services:                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raluations; Adult Non-Residential Services Outpatient - Grount - Individual; Adult Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rvices Outpatient -                                                                                              |
| Mental Health Services:                                                                                                                                                                              | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 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| Juvenile Services:                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Valdez, Juan                                                                                                                                                                                         | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Juvenile Services:                                                                                                                                                                                   | Non-Treatment: Intensive Family Preservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Vallejo, Kathy                                                                                                                                                                                       | Community Action Partnership of Western Nebraska                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Substance Abuse Services:                                                                                                                                                                            | Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | raluations; Adult Non-Residential Services Outpatient - Grou<br>nt - Individual; Adult Non-Residential Services Intensive Outp<br>sidential Services Outpatient - Groups; Juvenile Non-Resider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oatient Treatment; 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| Mental Health Services:                                                                                                                                                                              | Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Mental Health Services:<br>Juvenile Services:                                                                                                                                                        | Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Juvenile Services:                                                                                                                                                                                   | Residential Services Outpatient - Individual; Juve Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Juvenile Services:                                                                                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Juvenile Services:<br>Other Services:<br>Walgren, Sarah                                                                                                                                              | Sliding Fee Scale;  Adult Non-Residential Services Outpatient - Fam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Juvenile Services:<br>Other Services:<br>Walgren, Sarah                                                                                                                                              | Sliding Fee Scale;  Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Juvenile Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 115 Railway St Scottsbluff NB 69361<br>ily; 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| Juvenile Services: Other Services: Walgren, Sarah Substance Abuse Services: Mental Health Services:                                                                                                  | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 115 Railway St Scottsbluff NB 69361 ily; 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| Juvenile Services: Other Services: Walgren, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services:                         | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment  Outpatient Therapy - Individual-Mental Health; Off Mental Health; Assessment: Pre-Treatment Asse Bilingual Services;  Horizon Recovery & Counseling Center  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatiet Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Services Outpatient - Groups; Jon-Residential Se | 115 Railway St Scottsbluff NB 69361  ily; Adult Non-Residential Services Outpatient - Individual; A Services Outpatient - Family; Juvenile Non-Residential Service utpatient Therapy including Group Sessions-Mental Health; essment (Medicaid)  835 S Burlington Ste 115 Hastings NB 68901  valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Indicervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Oco-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (308)635-2800  dult Non-Residential Services ces Outpatient - Individual; Ju  Outpatient Therapy including  (308)383-1622  ation; Adult Non-Residential sidual; Adult Non-Residential services Intervention/Editorial Services | venile Non-Reside Family Sessions- Services Outpatien Services Outpatiellucation; Juvenile                       |
| Juvenile Services: Other Services: Walgren, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services: Mental Health Services: | Adult Non-Residential Services Outpatient - Fam Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment  Outpatient Therapy - Individual-Mental Health; Or Mental Health; Assessment: Pre-Treatment Asse Bilingual Services;  Horizon Recovery & Counseling Center  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Coutpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 115 Railway St Scottsbluff NB 69361  ily; 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Ju  Outpatient Therapy including  (308)383-1622  ation; Adult Non-Residential sidual; Adult Non-Residential Services Intervention/Edile Non-Residential Services (1998)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | venile Non-Reside Family Sessions- Services Outpatien Services Outpatiel Jucation; Juvenile Outpatient - Individ |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

Substance Abuse Services:

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

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name                                                                                                                                                                           | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                  | Fax                                                                                |
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| Austen, Robin                                                                                                                                                                  | Region V Systems-Behavioral Health<br>Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1645 N Street                                                                                                                                                                                                 | Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)471-4326                                                                                                                          |                                                                                    |
| Substance Abuse Services:                                                                                                                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                    |
| Mental Health Services:                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                    |
| Juvenile Services:                                                                                                                                                             | Non-Treatment: Professional Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                    |
| 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:                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                             | on-Residential Services Intervention/Education; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | dult Non-Residential                                                                                                                   | Services Outpatient                                                                |
| Mental Health Services:                                                                                                                                                        | Groups; Adult Non-Residential Services Outpati<br>Outpatient Therapy; Pre-Treatment Assessmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | • •                                                                                                                                                                                                           | Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                    |
|                                                                                                                                                                                | Non-Treatment: Anger Management Class; Nor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n-Treatment: Genera                                                                                                                                                                                           | al Education Class; Outpatient Therapy - Individua<br>ing Family Sessions-Mental Health; Outpatient Th<br>Medicaid): Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                    |
| Other Services:                                                                                                                                                                | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | mone / looddomone (i                                                                                                                                                                                          | modicala), / lococomonii: 00 000aniiig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                                                                                    |
| Bonebright, Lori                                                                                                                                                               | Recovery Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3200 O St Ste                                                                                                                                                                                                 | 5 Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)742-9616                                                                                                                          | (402)742-9116                                                                      |
| Substance Abuse Services:                                                                                                                                                      | Groups; Adult Non-Residential Services Outpati<br>Outpatient Treatment; Juvenile Assessment Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent - Family; Adult N                                                                                                                                                                                         | on-Residential Services Intervention/Education; A<br>Non-Residential Services Outpatient - Individual; A<br>puse Evaluations: Juvenile Non-Residential Servic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Adult Non-Residential                                                                                                                  | Services Intensive                                                                 |
|                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               | Services Outpatient - Family; Juvenile Non-Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                    |
| Mental Health Services:                                                                                                                                                        | Residential Services Outpatient - Groups; Juver Juvenile Non-Residential Services Intensive Output    Non-Residential Services Intensive Output    Non-Residential Services Intensive Output    Non-Residential Services Outpatient - Groups; Juver    Non-Residential Services Intensive Output    Non-Residential Services Intensive    Non-Residential Services    Non-Residential S |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                    |
|                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tpatient Treatment                                                                                                                                                                                            | Services Outpatient - Family; Juvenile Non-Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                    |
| Juvenile Services:                                                                                                                                                             | Juvenile Non-Residential Services Intensive Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tpatient Treatment                                                                                                                                                                                            | Services Outpatient - Family; Juvenile Non-Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                    |
| Juvenile Services:                                                                                                                                                             | Juvenile Non-Residential Services Intensive Ou<br>Non-Treatment: Day Reporting; Non-Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tpatient Treatment<br>: Evening Reporting                                                                                                                                                                     | Services Outpatient - Family; Juvenile Non-Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                    |
| Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services:                                                                                                    | Juvenile Non-Residential Services Intensive Out Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tpatient Treatment Evening Reporting 1640 L St Suite valuations; Adult No ent - Family; Adult N                                                                                                               | Services Outpatient - Family; Juvenile Non-Reside C Lincoln NB 68508 on-Residential Services Intervention/Education; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpati | dential Services Outpo<br>(402)730-6802<br>dult Non-Residential                                                                        | atient - Individual; Services Outpatient -                                         |
| Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services:                                                                            | Juvenile Non-Residential Services Intensive Out Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tpatient Treatment Evening Reporting 1640 L St Suite valuations; Adult No ent - Family; Adult N Services Intensive                                                                                            | Services Outpatient - Family; Juvenile Non-Resider C Lincoln NB 68508  on-Residential Services Intervention/Education; And Non-Residential Services Outpatient - Individual; And Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dential Services Outpa<br>(402)730-6802<br>dult Non-Residential                                                                        | atient - Individual;<br>Services Outpatient<br>I Services Outpatient               |
| Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services:                                                         | Juvenile Non-Residential Services Intensive Out Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tpatient Treatment Evening Reporting 1640 L St Suite valuations; Adult No ent - Family; Adult N Services Intensive                                                                                            | Services Outpatient - Family; Juvenile Non-Reside C Lincoln NB 68508 on-Residential Services Intervention/Education; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual; And Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpati | dential Services Outpa<br>(402)730-6802<br>dult Non-Residential                                                                        | atient - Individual; Services Outpatient I Services Outpatien                      |
| Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services:                                                         | Juvenile Non-Residential Services Intensive Out Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tpatient Treatment  Evening Reporting  1640 L St Suite  valuations; Adult No ent - Family; Adult N Services Intensive of                                                                                      | Services Outpatient - Family; Juvenile Non-Resider C Lincoln NB 68508  on-Residential Services Intervention/Education; And Non-Residential Services Outpatient - Individual; And Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dential Services Outpa<br>(402)730-6802<br>dult Non-Residential                                                                        | atient - Individual;<br>Services Outpatient<br>I Services Outpatient               |
| Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dirks, Tamara                           | Juvenile Non-Residential Services Intensive Out Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy Outpatient Therapy - Individual-Mental Health; G Sliding Fee Scale;  Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tpatient Treatment  Evening Reporting  1640 L St Suite  (valuations; Adult No ent - Family; Adult No Services Intensive of  Outpatient Therapy if  2109 S 24th St  (valuations; Adult No ces Outpatient - Gro | Services Outpatient - Family; Juvenile Non-Resider C Lincoln NB 68508  On-Residential Services Intervention/Education; And Non-Residential Services Outpatient - Individual; And Outpatient Treatment  Including Family Sessions-Mental Health; Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)730-6802 dult Non-Residential Adult Non-Residential ent Therapy - Co-occi (402)461-4960 dult Non-Residential Family; Adult Non-Re | Services Outpatient I Services Outpatient Urring Services Care esidential Services |
| Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dirks, Tamara Substance Abuse Services: | Juvenile Non-Residential Services Intensive Out Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale;  Parallels  Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Outpatient Therapy Outpatient Therapy - Individual-Mental Health; G Sliding Fee Scale;  Alcohol & Drug Solutions  Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tpatient Treatment  Evening Reporting  1640 L St Suite  (valuations; Adult No ent - Family; Adult No Services Intensive of  Outpatient Therapy if  2109 S 24th St  (valuations; Adult No ces Outpatient - Gro | Services Outpatient - Family; Juvenile Non-Resider C Lincoln NB 68508  On-Residential Services Intervention/Education; And Non-Residential Services Outpatient - Individual; And Outpatient Treatment  Including Family Sessions-Mental Health; Outpatient Lincoln NB 68502  On-Residential Services Intervention/Education; And Pages 2 Adult Non-Residential Services Outpatient -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)730-6802 dult Non-Residential Adult Non-Residential ent Therapy - Co-occi (402)461-4960 dult Non-Residential Family; Adult Non-Re | Services Outpatient I Services Outpatient Urring Services Care esidential Services |

| Name                                                                   | Agency                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                        | Fax                                  |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Doehling, Raechel                                                      | Houses of Hope                                                                                                                                             | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)435-3165                                |                                      |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services: | Adult Residential Services Halfway-House                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                      |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                      |
| Elnour, Safaa                                                          | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                         | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (319)594-4183                                |                                      |
| Substance Abuse Services:<br>Mental Health Services:                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                      |
|                                                                        | Outpatient Therapy - Individual-Mental Health; Int Bilingual Services;                                                                                     | ensive Outpatient: Intensive Outpatient Therapy-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                      |
| 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<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                      |
| Mental Health Services:                                                |                                                                                                                                                            | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sexually Harm Eva                            | uation; Psychological                |
| Juvenile Services:                                                     | Outpatient Therapy - Individual-Mental Health; Ou<br>Mental Health; Outpatient Therapy - Youth Who S<br>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 Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychological Psychologi | ent: Intensive Outpat<br>Outpatient Therapy- | ient Therapy-Mental<br>Co-occurring; |
| Other Services:                                                        | Sliding Fee Scale;                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                      |
| Grabowski, Karen                                                       | Behavioral Health Specialist/Seekers of Serenity                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                | (402)562-6458                        |
| Substance Abuse Services:                                              | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Adult Re                                                      | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>It - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment (<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve<br>al Services Intensive Outpatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing Treatment; Adult<br>Services Substance   | Non-Residential Abuse Evaluations;   |
| Mental Health Services:                                                | Outpatient Therapy - Individual-Mental Health: Ou                                                                                                          | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therany - Co-occ                          | ırring: Assessment:                  |
|                                                                        | Pre-Treatment Assessment (Medicaid) Sliding Fee Scale;                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | g, / 10000011101111.                 |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                              | Phone                                                | Fax                        |  |  |  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|--|--|--|
| Hahn, Maria               | Good Life Counseling & Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2277 22nd Ave Columbus NB 68601                                                                                                                                                                                                                                                                      | (402)270-7781                                        | (402)562-4001              |  |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
|                           | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
| Other Services:           | Bilingual 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                           |                                                      |                            |  |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                           | (402)261-6667                                        | (402)261-6526              |  |  |  |
| Mental Health Services:   | Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residentia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ent - Individual; Adult Non-Residential Services Outpatient - Co-Cile Assessment Services Substance Abuse Evaluations; Juvenile al Services Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment; Juvenit (bio-psychosocial); Co-Occurring | Non-Residential Services<br>Soutpatient - Family; Ju | s<br>venile Non-Residentia |  |  |  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurrir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outpatient Therapy including Group Sessions-Mental Health; Out<br>ng; Intensive Outpatient: Intensive Outpatient Therapy-Mental He<br>nent Assessment (Medicaid); Assessment: Mental Status Exam (                                                                                                   | alth; Intensive Outpatient:                          | Intensive Outpatient       |  |  |  |
| 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: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t (his navahasasial). Ca Ossurring                                                                                                                                                                                                                                                                   |                                                      |                            |  |  |  |
| Mental Health Services:   | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                      |                                                      |                            |  |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale;

| 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:                     | Adult Non-Residential Services Outpatient - Fam                                                    | valuations; Adult Non-Residential Services Partial Care; Adult I<br>nily; Adult Non-Residential Services Outpatient - Individual; Adu<br>vices Intensive Outpatient Treatment; Adult Residential Service<br>I Services Short Term Residential                  | ult Non-Residential Services                           | s Outpatient - Co-                         |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                               |                                                        |                                            |
| Other Services:                               | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Martin, Kelly                                 | Touchstone                                                                                         | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                     | (402)474-4343                                          | (402)474-6957                              |
| Substance Abuse Services:                     | Adult Residential Services Short Term Residentia                                                   | al                                                                                                                                                                                                                                                             |                                                        |                                            |
| Mental Health Services:                       |                                                                                                    |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Juvenile Services:                            |                                                                                                    |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Other Services:                               | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                                                                                                |                                                        |                                            |
| McNichols, Stephanie                          |                                                                                                    | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                         | (402)440-6496                                          |                                            |
| Mental Health Services:                       | Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education | ent - Family; Adult Non-Residential Services Outpatient - Indivi<br>Services Intensive Outpatient Treatment; Juvenile Assessmen<br>; Juvenile Non-Residential Services Outpatient - Groups; Juvendividual; Juvenile Non-Residential Services Outpatient - Co-C | t Services Substance Abusenile Non-Residential Service | e Evaluations; Juve<br>es Outpatient - Fan |
|                                               |                                                                                                    | outpatient Therapy including Group Sessions-Mental Health; O                                                                                                                                                                                                   | utpatient Therapy including                            | Family Sessions-                           |
| Other Services:                               | Sliding Fee Scale;                                                                                 | g                                                                                                                                                                                                                                                              |                                                        |                                            |
| Mulcahy, K Rachel                             | Affirmation Drug and Alcohol Counseling                                                            | 301 S 70th St #313 Lincoln NB 68510                                                                                                                                                                                                                            |                                                        |                                            |
| Substance Abuse Services:                     |                                                                                                    | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indivi                                                                                                                                 |                                                        |                                            |
| Mental Health Services:                       | ·                                                                                                  |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Juvenile Services:                            |                                                                                                    |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Other Services:                               | No Voucher Acceptance;                                                                             |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Nichols, Kayla                                | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                 | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                       | (402)261-9273                                          |                                            |
| Substance Abuse Services:                     |                                                                                                    |                                                                                                                                                                                                                                                                | <u> </u>                                               |                                            |
| Mental Health Services:                       |                                                                                                    |                                                                                                                                                                                                                                                                |                                                        |                                            |
| Juvenile Services:                            | Non-Treatment: Intensive Family Preservation; C<br>Outpatient Therapy - Eating Disorder            | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                                                                                                                                | apy including Family Sessio                            | ns-Mental Health;                          |
| Other Services:                               | Cliding Foo Cooler                                                                                 |                                                                                                                                                                                                                                                                |                                                        |                                            |

| Name                                                                                                                                                        | Agency                                                                                                                                                                                                                | Address                                                                                                                                                                            | Phone                                | Fax                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|
| Paine, Mary                                                                                                                                                 | Counseling Affiliates of Nebraska                                                                                                                                                                                     | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                        | (402)488-0077                        | (402)488-0017               |
| Substance Abuse Services:<br>Mental Health Services:                                                                                                        | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                                                                                                                                       | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev                                                                                                                   | aluation; Psychologi                 | cal Evaluation              |
| Juvenile Services:                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
| Other Services:                                                                                                                                             | Sliding Fee Scale;                                                                                                                                                                                                    |                                                                                                                                                                                    |                                      |                             |
| Prater, Jackie                                                                                                                                              | HopeSpoke                                                                                                                                                                                                             | 2444 O St Lincoln NB 68510                                                                                                                                                         | (402)475-7666                        | (402)476-9623               |
| Substance Abuse Services:                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
| Mental Health Services:                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
| Juvenile Services:                                                                                                                                          |                                                                                                                                                                                                                       | utpatient Therapy including Family Sessions-Mental Health; Day Trea                                                                                                                | atment Day Treatme                   | nt-Mental Health;           |
| Other Services:                                                                                                                                             | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                        |                                                                                                                                                                                    |                                      |                             |
| Schaub, Diedre                                                                                                                                              |                                                                                                                                                                                                                       | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                             | (402)326-9168                        | (402)206-0888               |
| Substance Abuse Services:                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
| Mental Health Services:                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
| Juvenile Services:                                                                                                                                          | Outpatient Therapy - Individual-Mental Health; Ou Mental Health                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                | nt Therapy including                 | Family Sessions-            |
| Other Services:                                                                                                                                             | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                  |                                                                                                                                                                                    |                                      |                             |
| Schmidt, Sharon                                                                                                                                             | The Resolution Center                                                                                                                                                                                                 | 120 South 5th Street Beatrice NB 68310                                                                                                                                             | (402)223-6061                        | (402)223-6625               |
| Substance Abuse Services:                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
| Mental Health Services:                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                      |                             |
|                                                                                                                                                             |                                                                                                                                                                                                                       | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                 | 9                                    |                             |
| Other Services                                                                                                                                              | Cliding Eco Coolo:                                                                                                                                                                                                    |                                                                                                                                                                                    |                                      |                             |
| Other Gervices.                                                                                                                                             | Sliding Fee Scale;                                                                                                                                                                                                    |                                                                                                                                                                                    |                                      |                             |
| Stokebrand, Tera                                                                                                                                            | Lemke Michels Psychotherapy - Stacey Michels PC                                                                                                                                                                       | 942 N 13th St Geneva NB 68361                                                                                                                                                      | (402)230-9130                        |                             |
|                                                                                                                                                             | Lemke Michels Psychotherapy - Stacey                                                                                                                                                                                  | 942 N 13th St Geneva NB 68361                                                                                                                                                      | (402)230-9130                        |                             |
| Stokebrand, Tera                                                                                                                                            | Lemke Michels Psychotherapy - Stacey                                                                                                                                                                                  | 942 N 13th St Geneva NB 68361                                                                                                                                                      | (402)230-9130                        |                             |
| Stokebrand, Tera  Substance Abuse Services:  Mental Health Services:                                                                                        | Lemke Michels Psychotherapy - Stacey Michels PC  Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                    | 942 N 13th St Geneva NB 68361  utpatient Therapy including Family Sessions-Mental Health; Assessm                                                                                  |                                      | Assessment                  |
| Stokebrand, Tera  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                    | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                                                                                                                    |                                                                                                                                                                                    |                                      | Assessment                  |
| Stokebrand, Tera  Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                    | Lemke Michels Psychotherapy - Stacey Michels PC  Outpatient Therapy - Individual-Mental Health; Outpedicaid)                                                                                                          |                                                                                                                                                                                    |                                      | Assessment<br>(402)261-6526 |
| Stokebrand, Tera  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Threats, Deb                                     | Lemke Michels Psychotherapy - Stacey Michels PC  Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Eva | utpatient Therapy including Family Sessions-Mental Health; Assessm 600 North Cotner, Ste.119 Lincoln NB 68505 aluations; Adult Non-Residential Services Intervention/Education; Ad | nent: Pre-Treatment<br>(402)261-6667 | (402)261-6526               |
| Stokebrand, Tera  Substance Abuse Services:     Mental Health Services:     Juvenile Services:     Other Services:  Threats, Deb  Substance Abuse Services: | Lemke Michels Psychotherapy - Stacey Michels PC  Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Eva | utpatient Therapy including Family Sessions-Mental Health; Assessm 600 North Cotner, Ste.119 Lincoln NB 68505                                                                      | nent: Pre-Treatment<br>(402)261-6667 | (402)261-6526               |
| Stokebrand, Tera  Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Threats, Deb                                     | Lemke Michels Psychotherapy - Stacey Michels PC  Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Eva | utpatient Therapy including Family Sessions-Mental Health; Assessm 600 North Cotner, Ste.119 Lincoln NB 68505 aluations; Adult Non-Residential Services Intervention/Education; Ad | nent: Pre-Treatment<br>(402)261-6667 | (402)261-6526               |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Juvenile Servi | Name                      | Agency                                                                                                                                                                                                    |                                                                        | Address                                                                                                                                                | Phone                                         | Fax                                    |
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| Mental Health Services:  Juvenile Services:  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Mental Health; Assessment Pre-Treatment Assessment (Medicaid)  Other Services:  Sliding Fee Scale;  Trauernicht, Joellyn  Blue Valley Behavioral Health  1123 N 9th St  Beatrice NB 68310  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)228-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-3386  (402)28-338 | Townsend, Robin           | HopeSpoke                                                                                                                                                                                                 | 2444 O St Lincol                                                       | n NB 68510                                                                                                                                             | (402)475-7666                                 | (402)476-9623                          |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Mental Health; Assessment Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale;  Trauernicht, Joellyn Blue Valley Behavioral Health 1123 N 9th St Beatrice NB 68310 (402)228-3386 (402)228  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Services: Other Servic | Substance Abuse Services: |                                                                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |
| Mental Health: Assessment: Pre-Treatment Assessment (Medicaid)  Trauernicht, Joellyn  Blue Valley Behavioral Health  1123 N 9th St  Beatrice NB 68310  (402)228-3386  (402)228  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Treatment; Adult Residential Services Outpatient Treatment; Adult Non-Residential Services Outpatient Adult Non-Residential Services Outpatient Services Outpatient Family, Adult Non-Residential Services Outpatient - Individual, Juvenile Assessment Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual, Juvenile Assessment Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual 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 - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outp | Mental Health Services:   |                                                                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |
| Trauernicht, Joellyn Blue Valley Behavioral Health 1123 N 9th St Beatrice NB 68310 (402)228-3386 (402)228  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Treatment; Adult Residential Services Outpatient Treatment; Adult Residential Services Outpatient Treatment; Adult Residential Services Outpatient Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Juvenile Services: Sliding Fee Scale;  Vandenberg, Laura Blue Valley Behavioral Health 3901 Normal Blvd. Suite 201 Lincoln NB 68506 (402)643-3343 (402)643  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Occourring Treatment; Juvenile Assessment Services Substance Abuse Evaluati |                           | Mental Health; Assessment: Pre-Treatment Asse                                                                                                                                                             |                                                                        | uding Family Sessions-Mental Health; Intensive                                                                                                         | Outpatient: Intensiv                          | e Outpatient Therap                    |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Outpatient Treatment; Adult Residential Services Outpatient Treatment; Adult Residential Services Outpatient Treatment; Adult Residential Services Outpatient Services:  Juvenile Services:  Other Services: Sliding Fee Scale;  Vandenberg, Laura Blue Valley Behavioral Health 3901 Normal Blvd. Suite 201 Lincoln NB 68506 (402)643-3343 (402)643  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; 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 - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                        |                                                                        |                                                                                                                                                        |                                               |                                        |
| Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Extended Residential  Mental Health Services:  Other Services:  Other Services:  Sliding Fee Scale;  Vandenberg, Laura  Blue Valley Behavioral Health  3901 Normal Blvd. Suite 201 Lincoln NB 68506  (402)643-3343  (402)643  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatien | Trauernicht, Joellyn      | Blue Valley Behavioral Health                                                                                                                                                                             | 1123 N 9th St                                                          | Beatrice NB 68310                                                                                                                                      | (402)228-3386                                 | (402)228-2004                          |
| Juvenile Services: Other Services: Other Services: Sliding Fee Scale;  Vandenberg, Laura  Blue Valley Behavioral Health 3901 Normal Blvd. Suite 201 Lincoln NB 68506  (402)643-3343  (402)643  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; 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 - 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 - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juveni | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |
| Other Services: Sliding Fee Scale;  Vandenberg, Laura Blue Valley Behavioral Health 3901 Normal Blvd. Suite 201 Lincoln NB 68506 (402)643-3343 (402)643  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services O | Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                            | (bio-psychosocial); Co                                                 | o-Occurring                                                                                                                                            |                                               |                                        |
| Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Family; 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 - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpat |                           |                                                                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Ron-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient Services Outpatient - Individual Services Outpatient Services Outpatient - Individual Services Outpatient Services Outpatient - Individual Services Outpatient Services Outpatient - Individual Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Service | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                        |                                                                        |                                                                                                                                                        |                                               |                                        |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Stabuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual  Mental Health Services:  Juvenile Services:  Other Services:  Other Services:  Sliding Fee Scale;  Walton, Robert  Phoenix House  1571 23rd Ave Columbus NB 68601  (402)841-3791  (402)302  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - 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 - Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juve | Vandenberg, Laura         | Blue Valley Behavioral Health                                                                                                                                                                             | 3901 Normal Blvd                                                       | l. Suite 201 Lincoln NB 68506                                                                                                                          | (402)643-3343                                 | (402)643-4048                          |
| Mental Health Services:     Juvenile Services:     Other Services:     Sliding Fee Scale;  Walton, Robert Phoenix House 1571 23rd Ave Columbus NB 68601 (402)841-3791 (402)302  Substance Abuse Services:     Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Organization (402)841-3791 (402)302  Substance Abuse Services:     Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Organization (402)841-3791 (402)302  Substance Abuse Services:     Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Organization (402)841-3791 (402)302  Substance Abuse Services:     Other Services:     Other Services:     Other Services:     Other Services:     Other Services:     Sliding Fee Scale;  Weber, Kristi Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 (402)759-3802 (402)759-3802 (402)759-3802                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                                                                        | nt - Family; Adult Nor<br>vices Intervention/Ed                        | -Residential Services Outpatient - Individual; Jucation; Juvenile Non-Residential Services Outp                                                        | venile Assessment                             | Services Substance                     |
| Other Services: Sliding Fee Scale;  Walton, Robert Phoenix House 1571 23rd Ave Columbus NB 68601 (402)841-3791 (402)302  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 - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Unuvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Volupatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Volupatient - Vol | Mental Health Services:   | Common Campanoni Lammy, Caronino Homen                                                                                                                                                                    | 5a. 55555 54.ps                                                        |                                                                                                                                                        |                                               |                                        |
| Walton, Robert Phoenix House 1571 23rd Ave Columbus NB 68601 (402)841-3791 (402)302  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Go-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 - Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy  Juvenile Services: Other Services: Sliding Fee Scale;  Weber, Kristi Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 (402)759-3802 (402)759-3802 (402)759                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Juvenile Services:        |                                                                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |
| Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                        |                                                                        |                                                                                                                                                        |                                               |                                        |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services O 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 - Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment  Mental Health Services:  Other Services:  Other Services:  Sliding Fee Scale;  Weber, Kristi  Nebraska Mental Health Centers  4545 S 86th St Lincoln NB 68520  (402)759-3802  (402)759-3802  (402)759-3802                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Walton, Robert            | Phoenix House                                                                                                                                                                                             | 1571 23rd Ave C                                                        | olumbus NB 68601                                                                                                                                       | (402)841-3791                                 | (402)302-1001                          |
| Juvenile Services: Other Services: Sliding Fee Scale;  Weber, Kristi Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 (402)759-3802 (402)759 Substance Abuse Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Ju<br>Juvenile Non-Residential Services Outpatient - Co | nt - Family; Adult Nor<br>ervices Substance Ab<br>venile Non-Residenti | r-Residential Services Outpatient - Individual; A<br>ouse Evaluations; Juvenile Non-Residential Sen<br>al Services Outpatient - Family; Juvenile Non-R | dult Non-Residential<br>vices Intervention/Ed | Services Outpatient lucation; Juvenile |
| Other Services: Sliding Fee Scale;  Weber, Kristi Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 (402)759-3802 (402)759  Substance Abuse Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Outpatient Therapy                                                                                                                                                                                        |                                                                        |                                                                                                                                                        |                                               |                                        |
| Weber, Kristi Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 (402)759-3802 (402)759 Substance Abuse Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | O                                                                                                                                                                                                         |                                                                        |                                                                                                                                                        |                                               |                                        |
| Substance Abuse Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                        |                                                                        |                                                                                                                                                        |                                               |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weber, Kristi             | Nebraska Mental Health Centers                                                                                                                                                                            | 4545 S 86th St L                                                       | incoln NB 68520                                                                                                                                        | (402)759-3802                                 | (402)759-3803                          |
| Mental Health Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Substance Abuse Services: |                                                                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |
| Montal House Governoo.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mental Health Services:   |                                                                                                                                                                                                           |                                                                        |                                                                                                                                                        |                                               |                                        |

Assessment: Mental Status Exam (MSE); Assessment: Medication Management

Other Services: Sliding Fee Scale;

| Name                                               | Agency                                                                                                                                                                                                                                                                        |                                                                                                  | Address                                                                                                                | Phone                                                                | Fax                                    |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------|
| Weber, Kristi                                      | Weber Behavioral Health                                                                                                                                                                                                                                                       | 942 N 13th Ger                                                                                   | neva NB 68361                                                                                                          | (402)759-3802                                                        | (402)759-3803                          |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abus                                                                                                                                                                                                                                      | se Evaluations; Adult Nor                                                                        | n-Residential Services Outpatient - C                                                                                  | o-Occurring Treatment                                                |                                        |
| Mental Health Services:                            | Outpatient Therapy; Medication Evaluation;                                                                                                                                                                                                                                    | Juvenile Pre-Treatment                                                                           | Assessment (PTA); Pre-Treatment A                                                                                      | ssessment (bio-psychosocial)                                         |                                        |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Heal (Medicaid); Assessment: Outpatient Psychia                                                                                                                                                                                        |                                                                                                  |                                                                                                                        |                                                                      |                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                                                        |                                                                      |                                        |
| White, Lisa                                        | Horizon Recovery & Counseling Cente                                                                                                                                                                                                                                           | 835 S Burlington                                                                                 | Ste 115 Hastings NB 68901                                                                                              | (308)383-1622                                                        |                                        |
| Substance Abuse Services:  Mental Health Services: | Adult Assessment Services Substance Abus<br>Groups; Adult Non-Residential Services Out<br>Co-Occurring Treatment; Juvenile Assessm<br>Non-Residential Services Outpatient - Group<br>Juvenile Non-Residential Services Outpatien<br>Outpatient Therapy; Pre-Treatment Assessr | patient - Family; Adult Nent Services Substance obs; Juvenile Non-Resident - Co-Occurring Treatm | on-Residential Services Outpatient -<br>Abuse Evaluations; Juvenile Non-Restitial Services Outpatient - Family; Jurent | Individual; Adult Non-Residential sidential Services Intervention/Ed | Services Outpatient ducation; Juvenile |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Heal<br>Mental Health; Outpatient Therapy - Co-occ<br>Sliding Fee Scale;                                                                                                                                                               | th; Outpatient Therapy in                                                                        | cluding Group Sessions-Mental Heal                                                                                     | lth; Outpatient Therapy including                                    | Family Sessions-                       |
| White, Nichole                                     | Blue Valley Behavioral Health                                                                                                                                                                                                                                                 | 1123 N 9th St                                                                                    | Beatrice NB 68310                                                                                                      | (402)228-3386                                                        |                                        |
| Substance Abuse Services:                          | Adult Assessment Services Substance Abus<br>Groups; Adult Non-Residential Services Out                                                                                                                                                                                        |                                                                                                  |                                                                                                                        |                                                                      | Services Outpatient                    |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                               |                                                                                                  |                                                                                                                        |                                                                      |                                        |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                               |                                                                                                  |                                                                                                                        |                                                                      |                                        |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                                                        |                                                                      |                                        |

| Name                                          | Agency                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                              | Phone                                                                | Fax                                                            |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| Arriaga, Ruby                                 | Valley Youth Connections                                                                                                                                                                                             | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                        | (308)633-0112                                                  |
|                                               | Non-Treatment: Family Support Worker; Non-Tre Bilingual Services;                                                                                                                                                    | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                |
| Arriaga-Velez, Brenda                         | Valley Youth Connections                                                                                                                                                                                             | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                             | (308)633-0110                                                        | (308)633-0112                                                  |
|                                               | Non-Treatment: Family Support Worker; Non-Tre Bilingual Services;                                                                                                                                                    | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                |
| Benesch, Kevin                                | HopeSpoke                                                                                                                                                                                                            | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                           | (402)475-7666                                                        | (402)476-9623                                                  |
| Substance Abuse Services:                     |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                                      | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexunt: Psychological Evaluation; Assessment: Juvenile Who Sexually He                                                                                                                                                                                                                                                                                  |                                                                      |                                                                |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed<br>Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Residential Services Care Monitoring SA/MHervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | Family; Adult Non-Re<br>ervices Intensive Ou<br>; Juvenile Non-Resio | esidential Services<br>tpatient Treatment;<br>dential Services |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                |
| Juvenile Services:                            |                                                                                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health;                                                                                                                                                                                                                                                                               |                                                                      |                                                                |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                   | 9                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                |
| Connor, Shawnda                               | Healing Hope Counseling LLC                                                                                                                                                                                          | 815 Flack Ave Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                      | (308)225-6572                                                        | (308)217-4277                                                  |
|                                               | Adult Non-Residential Services Outpatient - Fami<br>Occurring Treatment; Juvenile Non-Residential S<br>Services Outpatient - Co-Occurring Treatment<br>Outpatient Therapy; Pre-Treatment Assessment (                | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non-<br>ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient                                                                                                                                                                                                           | -Residential Services<br>atient - Individual; Ju                     | s Outpatient - Co-<br>venile Non-Residentia                    |
| 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:                               | Sliding Fee Scale;                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                |

| Name                                          | Agency                                                                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                                                 | Fax                                                                                                                  |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Crouch, Samuel                                | Valley Youth Connections                                                                                                                                                                                                                                | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                    | (308)225-0500                                                                                                                         |                                                                                                                      |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessmen                                                                                                                                                                                                             | nt (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                                      |
| Juvenile Services:                            |                                                                                                                                                                                                                                                         | Outpatient Therapy - Individual-Mental Health; Outpatient Thera<br>Mental Health; Intensive Outpatient: Intensive Outpatient Therap                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                                                                      |
| Other Services:                               | Assessment (Medicaid) Sliding Fee Scale;                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Duarte, Christine                             | Valley Youth Connections                                                                                                                                                                                                                                | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                    | (308)633-0110                                                                                                                         | (308)633-0112                                                                                                        |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Mental Health Services:                       |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Juvenile Services:                            | Non-Treatment: Family Support Worker; Non-T                                                                                                                                                                                                             | reatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                      |
| Other Services:                               | Bilingual Services;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Gabel, Bradley                                | Region 1 Behavioral Health Authority                                                                                                                                                                                                                    | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-2070                                                                                                                         |                                                                                                                      |
| Substance Abuse Services:                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Mental Health Services:                       |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Juvenile Services:                            | Non-Treatment: Professional Partner                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual                                                                                                                                                                                                          | Services;                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                      |
| Gehrig, Victor                                | NEPSAC                                                                                                                                                                                                                                                  | 305 Foch St P. O. Box 428 Gordon NB 69343                                                                                                                                                                                                                                                                                                                                                                                                   | (308)282-1101                                                                                                                         | (308)282-1372                                                                                                        |
| Substance Abuse Services:                     | Adult Assessment Services Substance Abuse Individual; Adult Residential Services Short Tel                                                                                                                                                              | Evaluations; Adult Non-Residential Services Intervention/Educat                                                                                                                                                                                                                                                                                                                                                                             | tion; Adult Non-Residential                                                                                                           | Services Outpatient                                                                                                  |
| Mental Health Services:                       | marvada, Addi Residential Services Short Fel                                                                                                                                                                                                            | mi Nesidentiai                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |                                                                                                                      |
| Juvenile Services:                            |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Johnson, Jill                                 | Bryan Independence Center                                                                                                                                                                                                                               | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                                         |                                                                                                                      |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Gr<br>Adult Non-Residential Services Outpatient - Co<br>Dual Residential (MH/SA); Adult Residential Se<br>Residential Services Intervention/Education; Ju<br>Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Education oups; Adult Non-Residential Services Outpatient - Family; Adult o-Occurring Treatment; Adult Non-Residential Services Intensive ervices Short Term Residential; Juvenile Assessment Services Suvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Conile Non-Residential Services Partial Care; Juvenile Residential | Non-Residential Services of Outpatient Treatment; Add Substance Abuse Evaluation Non-Residential Services Coccurring Treatment; Juven | Outpatient - Individua<br>ult Residential Servic<br>ns; Juvenile Non-<br>outpatient - Family;<br>ile Non-Residential |
|                                               |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Mental Health Services:                       |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |
| Mental Health Services:<br>Juvenile Services: |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                                      |

| Name                      | Agoney                                                                                                                       | Address                                                                       | Phone                 | Fax                   |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----------------------|
| Name                      | Agency                                                                                                                       | Address                                                                       | Filone                | гах                   |
| 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;                                                                                                           |                                                                               |                       |                       |
| Marquez, Jacque           | Valley Youth Connections                                                                                                     | 29 S Beltline HWY W Scottsbluff NB 69361                                      | (308)633-0110         | (308)633-0112         |
| Substance Abuse Services: |                                                                                                                              |                                                                               |                       |                       |
| Mental Health Services:   |                                                                                                                              |                                                                               |                       |                       |
|                           | • • • • • • • • • • • • • • • • • • • •                                                                                      | eatment: Day Reporting; Non-Treatment: Evening Reporting                      |                       |                       |
| Other Services:           | Bilingual 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                                                                                 | raluations; Adult Non-Residential Services Outpatient - Groups; Adult         | Non-Residential Se    | rvices Outpatient -   |
| Mental Health Services:   | Family; Adult Non-Residential Services Outpatier<br>Outpatient Therapy; Pre-Treatment Assessment                             |                                                                               |                       |                       |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outpo                                                                                 | atient Therapy - Individual-Mental Health; Outpatient Therapy includi         | ng Group Sessions-I   | Mental Health;        |
| Other Services:           | Outpatient Therapy including Family Sessions-Mo<br>Sliding Fee Scale;                                                        | ental Health                                                                  |                       |                       |
| G.116. G.1116661          | Chang ree deale,                                                                                                             |                                                                               |                       |                       |
| Price, Amanda             | Inspirit Counseling                                                                                                          | 709 W 4th St Suite 2 Chadron NB 69337                                         | (308)430-1944         |                       |
| Substance Abuse Services: |                                                                                                                              |                                                                               |                       |                       |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                 |                                                                               |                       |                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatien           | nt Therapy including  | Family Sessions-      |
| Other Services:           | Sliding Fee Scale;                                                                                                           | ssment (inedicald)                                                            |                       |                       |
|                           |                                                                                                                              |                                                                               |                       |                       |
| Raney, Sandra             | Open Door                                                                                                                    | 1870 9th St Gering NB 69341                                                   | (308)225-4335         | (308)633-2020         |
| Substance Abuse Services: |                                                                                                                              | raluations; Adult Non-Residential Services Outpatient - Individual; Ad        |                       |                       |
|                           | Residential Services Outpatient - Co-Occurring T                                                                             | ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser<br>reatment | vices Outpatient - in | dividual; Juvenile No |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                              | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm             | ent Assessment (bio   | -psychosocial); Co-   |
| luvenile Services:        | Occurring Non-Treatment: Family Support Worker: Non-Tre                                                                      | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm           | ent: Day Penorting:   | Non-Treatment:        |
| Juverille Jervices.       | Evening Reporting; Non-Treatment: Anger Manager                                                                              | gement Class; Non-Treatment: General Education Class; Outpatient              | Therapy - Individual  | Mental Health;        |
|                           |                                                                                                                              | ental Health; Outpatient Therapy including Family Sessions-Mental H           |                       |                       |
|                           | (MSE); Assessment: Co-Occurring                                                                                              | by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid              | ı); Assessment: Men   | iai Status Exam       |
| Other Services:           | Sliding Fee Scale;                                                                                                           |                                                                               |                       |                       |
| Other Services.           | Sliding Fee Scale;                                                                                                           |                                                                               |                       |                       |

| Name                                                         | Agency                                                                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone                                                                                                        | Fax                                                                 |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Red Nest III, Edison                                         | Native Futures                                                                                                                                                                                                                                                                                                     | 1227 Big Horn Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                                              | (308)458-7795                                                                                                |                                                                     |
| Substance Abuse Services:                                    |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Mental Health Services:                                      |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Juvenile Services:                                           |                                                                                                                                                                                                                                                                                                                    | atment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: E<br>Non-Treatment: Employment Placement Program; Non-Treatment: F                                                                                                                                                                                                                                                                                            |                                                                                                              | on-Treatment: Anger                                                 |
| Other Services:                                              | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Rodriguez, Juanita                                           | ACCS Inc                                                                                                                                                                                                                                                                                                           | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                           | (308)633-1390                                                                                                | (308)633-1393                                                       |
| Substance Abuse Services:                                    | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                                                                                    | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; J<br>vices Intervention/Education; Juvenile Non-Residential Services Out<br>ential Services Outpatient - Individual                                                                                                                                                             | uvenile Assessment                                                                                           | Services Substance                                                  |
| Mental Health Services:                                      |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
|                                                              | ·                                                                                                                                                                                                                                                                                                                  | reatment: Family Partner; Contracted Services: Electronic Monitorino                                                                                                                                                                                                                                                                                                                                                         | 9                                                                                                            |                                                                     |
| Other Services:                                              | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Santana, Melissa                                             | Guardian Light Family Services                                                                                                                                                                                                                                                                                     | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                              | (308)631-2665                                                                                                |                                                                     |
| Substance Abuse Services:                                    |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Mental Health Services:                                      |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
|                                                              | Non-Treatment: Family Support Worker                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Other Services:                                              | Bilingual Services;                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                     |
| Stermensky, Dr. Gage                                         |                                                                                                                                                                                                                                                                                                                    | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                           | (417)413-0085                                                                                                | (308)832-4844                                                       |
|                                                              | Individual; Adult Non-Residential Services Intensi                                                                                                                                                                                                                                                                 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                     | Abuse Evaluations;                                                                                           | Juvenile Non-                                                       |
|                                                              |                                                                                                                                                                                                                                                                                                                    | (bio-psychosocial), Co-Occurring, Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                            | tion; Psychological E                                                                                        | valuation                                                           |
|                                                              | Outpatient Therapy - Individual-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; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                                                                                                                                                                       | nt Therapy including ent: Intensive Outpat                                                                   | Family Sessions-<br>ient Therapy-Youth                              |
|                                                              | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment                                                                                                                                                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                                                                                                                                                                       | nt Therapy including ent: Intensive Outpat                                                                   | Family Sessions-<br>ient Therapy-Youth                              |
|                                                              | Outpatient Therapy - Individual-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; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                                                                                                                                                                       | nt Therapy including ent: Intensive Outpat                                                                   | Family Sessions-<br>ient Therapy-Youth                              |
| Other Services:                                              | 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; Inspirit Counseling  Adult Assessment Services Substance Abuse Events                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring  709 W 4th St Suite 2 Chadron NB 69337  aluations; Adult Non-Residential Services Outpatient - Groups; Adult                                                                     | nt Therapy including<br>ent: Intensive Outpat<br>Assessment: Psycho<br>(308)430-1944<br>: Non-Residential Se | Family Sessionsient Therapy-Youth logical Evaluation; (775)667-6079 |
| Other Services:  Taylor, Jennifer  Substance Abuse Services: | 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; Inspirit Counseling  Adult Assessment Services Substance Abuse Events                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring  709 W 4th St Suite 2 Chadron NB 69337  aluations; Adult Non-Residential Services Outpatient - Groups; Adult to Individual; Adult Non-Residential Services Outpatient - Co-Occur | nt Therapy including<br>ent: Intensive Outpat<br>Assessment: Psycho<br>(308)430-1944<br>: Non-Residential Se | Family Sessionsient Therapy-Youth logical Evaluation; (775)667-6079 |
| Other Services:  Taylor, Jennifer  Substance Abuse Services: | 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;  Inspirit Counseling  Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring  709 W 4th St Suite 2 Chadron NB 69337  aluations; Adult Non-Residential Services Outpatient - Groups; Adult to Individual; Adult Non-Residential Services Outpatient - Co-Occur | nt Therapy including<br>ent: Intensive Outpat<br>Assessment: Psycho<br>(308)430-1944<br>: Non-Residential Se | Family Sessionsient Therapy-Youth logical Evaluation; (775)667-6079 |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name         | Agency                   | Address                                  | Phone         | Fax           |
|--------------|--------------------------|------------------------------------------|---------------|---------------|
| Valdez, Juan | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)633-0110 | (308)633-0112 |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                 | Phone                                         | Fax                                     |
|---------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| Andrews, Megan            | Boys Town                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                              | (308)224-3338                                 |                                         |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)         | r Care (Agency Supported); Out-Of-Home: Emergency Foster Ca                                                                                                                                                                                                             | re; Non-Treatment: Fam                        | ily Support Worker;                     |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                    | (402)564-9994                                 | (402)562-6458                           |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Reups; Adult Non-Residential Services Outpatient - Family; Adult Notent Treatment; Adult Residential Services Short Term Residential                                                                          | n-Residential Services (                      | •                                       |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Boyce, Shelley            | Shelley K Boyce, LIMHP, CPC                                                                       | 314 S 14th St Suite 101 Ord NB 68862                                                                                                                                                                                                                                    | (308)728-9979                                 | (308)728-9980                           |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial)                                                                                                                                                                                                                                                      |                                               |                                         |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                  | utpatient Therapy including Family Sessions-Mental Health; Outp                                                                                                                                                                                                         | atient Therapy - Eating                       | Disorder                                |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Florez, Thomas            | Thomas B Florez                                                                                   | 403 Lexington Circle Grand Island NB 68803                                                                                                                                                                                                                              | (308)370-1667                                 |                                         |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa                                                  | valuations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Substitution of the Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-                           | ubstance Abuse Evaluat                        | ions; Juvenile Non-                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva                                                                                                                                                                                                          | lluation                                      |                                         |
|                           | Pre-Treatment Assessment (Medicaid); Assessm                                                      | utpatient Therapy including Family Sessions-Mental Health; Outp<br>nent: Co-Occurring                                                                                                                                                                                   | atient Therapy - Co-occ                       | urring; Assessment:                     |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                         |                                               |                                         |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                    | (402)564-9994                                 | (402)562-6458                           |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | valuations; Adult Non-Residential Services Intervention/Education<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Octesidential Services Dual Residential (MH/SA); Juvenile Assessmanily; Juvenile Non-Residential Services Outpatient - Individual; | curring Treatment; Adulent Services Substance | : Non-Residential<br>Abuse Evaluations; |

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

| Name                                               | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                          | Fax                                                                                                                 |
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|                                                    | Assessment: Pre-Treatment Assessment (Medica                                                                                                                                                                                        | aid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ·                                                                                                                              |                                                                                                                     |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                     |
| Johnson, Jill                                      | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                  |                                                                                                                     |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Decurring Treatment; Adult Non-Residential Services Intensive Outpices Short Term Residential; Juvenile Assessment Services Subsemile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occure Non-Residential Services Partial Care; Juvenile Residential Partial Care; Juvenile Residential Partial Care; Juvenile Residential Partial | -Residential Services C<br>patient Treatment; Adu<br>tance Abuse Evaluation<br>Residential Services Ourring Treatment; Juvenil | outpatient - Individual;<br>It Residential Services<br>s; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:                            |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                     |
| Juvenile Services:                                 |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                     |
| Other Services:                                    | 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;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                     |
| McDowell, Meredith                                 | Monty Shultz Counseling and<br>NeuroFeedback                                                                                                                                                                                        | 2002 Central Ave Kearney NB 68847-4473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)708-9379                                                                                                                  |                                                                                                                     |
| Substance Abuse Services:                          | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia                             | raluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - Family; Adult Non-Re<br>Services Intensive Out<br>ation; Juvenile Non-Re<br>outpatient - Family; Ju                          | sidential Services<br>patient Treatment;<br>sidential Services<br>uvenile Non-                                      |
|                                                    | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                     |
| Juvenile Services:                                 |                                                                                                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpa<br>der; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tient Therapy including                                                                                                        | Family Sessions-                                                                                                    |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                  | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                                     |
| Riley, Suzanne                                     | Suzanne Riley Counseling LLC                                                                                                                                                                                                        | 1917 W Faidley Ave Grand Island NB 68803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)398-0350                                                                                                                  | (308)398-0351                                                                                                       |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                                                   | raluations; Adult Non-Residential Services Intervention/Education;<br>int - Family; Adult Non-Residential Services Outpatient - Individual<br>Services Intensive Outpatient Treatment; Juvenile Assessment Sel<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile<br>idividual; Juvenile Non-Residential Services Outpatient - Co-Occu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ; Adult Non-Residential<br>vices Substance Abuse<br>Non-Residential Service                                                    | Services Outpatient -<br>Evaluations; Juvenile<br>es Outpatient - Family                                            |

| Name                      | Agency                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                            | Fax                                    |
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| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatir; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health int Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Intensive Outpatient:                            | Intensive Outpatient                   |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                        |
| Stermensky, Dr. Gage      |                                                                                                         | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (417)413-0085                                    | (308)832-4844                          |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adu<br>ve Outpatient Treatment; Juvenile Assessment Services Substance<br>e Non-Residential Services Outpatient - Individual<br>bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e Abuse Evaluations;                             | Juvenile Non-                          |
|                           | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S                         | utpatient Therapy including Group Sessions-Mental Health; Outpaties Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Therapy including ient: Intensive Outpat     | Family Sessions-<br>ient Therapy-Youth |
| Other Services:           | Sliding Fee Scale;                                                                                      | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                        |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                     | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)870-2630                                    |                                        |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment Science | 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-Residential Services Outpatient - Family; Juvenile Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Adult Non-Residential<br>ervices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services:   | ouverine Non Residential Services Surpation - Of                                                        | o occurring recument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                        |
|                           | Mental Health                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Therapy including                            | Family Sessions-                       |
| 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 Eva                                                           | aluations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | g Treatment                                      |                                        |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juver                                                        | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (bio-psychosocial)                               |                                        |
| Juvenile Services:        |                                                                                                         | utpatient Therapy including Family Sessions-Mental Health; Assess valuation; Assessment: Mental Status Exam (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); Assessment: Net Inc. (MSE); |                                                  |                                        |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                        |

| Name                                          | Agency                                                                                                      | Address                                                                                                                                                                                    | Phone                | Fax                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Arriaga, Ruby                                 | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               |                                                                                                             | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Arriaga-Velez, Brenda                         | Valley Youth Connections                                                                                    | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                   | (308)633-0110        | (308)633-0112       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
|                                               | , , , ,                                                                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                   |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Baker, Guadalupe                              | Alcohol and Drug Addiction                                                                                  | 3321 Ave I Suite C Scottsbluff NB 69361                                                                                                                                                    | (308)631-1709        | (308)635-7412       |
| Mental Health Services:<br>Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Se<br>Services Outpatient - Family; Juvenile Non-Residential Se | ent - Family; Adult Non-Residential Services Outpatient - Individual; J<br>rvices Intervention/Education; Juvenile Non-Residential Services Ou<br>dential Services Outpatient - Individual |                      |                     |
| Other Services:                               | Bilingual Services;                                                                                         |                                                                                                                                                                                            |                      |                     |
| Benesch, Kevin                                | HopeSpoke                                                                                                   | 2444 O St Lincoln NB 68510                                                                                                                                                                 | (402)475-7666        | (402)476-9623       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexuent: Psychological Evaluation; Assessment: Juvenile Who Sexually F                                                        |                      |                     |
| Other Services:                               | Sliding Fee Scale;                                                                                          |                                                                                                                                                                                            |                      |                     |
| Chavez, Mario                                 | Optimal Family Preservation                                                                                 | 1930 East 20th Place Suite 100A Scottsbluff NB 69361                                                                                                                                       | (308)633-3703        | (308)633-3837       |
| Substance Abuse Services:                     |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Mental Health Services:                       |                                                                                                             |                                                                                                                                                                                            |                      |                     |
| Juvenile Services:                            |                                                                                                             | p Home A; Non-Treatment: Case Managed Tutoring; Non-Treatment                                                                                                                              | : Day Reporting; Non | -Treatment: Evening |
| Other Services                                | Reporting; Non-Treatment: General Education C Bilingual Services;                                           | Iass                                                                                                                                                                                       |                      |                     |
| Outer Octalices.                              | Dilligual 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E<br>Outpatient - Groups; Juvenile Non-Residential Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | raluations; Adult Non-Residential Services Intervention/Education<br>es Outpatient - Groups; Adult Non-Residential Services Outpatier<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident<br>ducation; Juvenile Non-Residential Services Care Monitoring SA<br>ervices Outpatient - Family; Juvenile Non-Residential Services Cuvenile Non-Residential Services Intensive Outpatient Treatmen | nt - Family; Adult Non-Re<br>ial Services Intensive Ou<br>VMH; Juvenile Non-Resio<br>outpatient - Individual; Juv | esidential Services<br>tpatient Treatment;<br>dential Services |
| Mental Health Services:                                                                                                                                                                                | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utpatient Therapy including Group Sessions-Mental Health; Outp<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea<br>g                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                |
| Connor, Shawnda                                                                                                                                                                                        | Healing Hope Counseling LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 815 Flack Ave Alliance NB 69301                                                                                                                                                                                                                                                                                                                                                                             | (308)225-6572                                                                                                     | (308)217-4277                                                  |
| Substance Abuse Services:                                                                                                                                                                              | Occurring Treatment; Juvenile Non-Residential S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ily; Adult Non-Residential Services Outpatient - Individual; Adult<br>Services Outpatient - Family; Juvenile Non-Residential Services (                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                |
| Mental Health Services:                                                                                                                                                                                | Services Outpatient - Co-Occurring Treatment<br>Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                |
| Juvenile Services:                                                                                                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy  | (bio-psychosocial); Co-Occurring<br>utpatient Therapy including Family Sessions-Mental Health; Out                                                                                                                                                                                                                                                                                                          | patient Therapy - Co-occ                                                                                          |                                                                |
| Juvenile Services:                                                                                                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                       | patient Therapy - Co-occ                                                                                          |                                                                |
| Juvenile Services:                                                                                                                                                                                     | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                       | patient Therapy - Co-occ<br>(308)631-5523                                                                         |                                                                |
| Juvenile Services: Other Services: Cooper, Penny                                                                                                                                                       | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpouring Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                               | (308)631-5523                                                                                                     | urring; Assessment:                                            |
| Juvenile Services: Other Services: Cooper, Penny                                                                                                                                                       | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment George Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Gr | utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                               | (308)631-5523                                                                                                     | urring; Assessment:                                            |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services:                                                                                                                             | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment George Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Gr | utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                               | (308)631-5523                                                                                                     | urring; Assessment:                                            |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                  | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment George Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Grant Gr | utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                               | (308)631-5523                                                                                                     | urring; Assessment:                                            |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services:                                                                                  | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment outpatient outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy; Pre-Treatment Therapy; Pre-Treatment Assessment Outpatient Therapy; Pre-Treatment utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individua                                                                                                                                                                                                                                               | (308)631-5523                                                                                                     | urring; Assessment:                                            |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services:                         | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indivi | utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individual  120 E 16th St Suite C Scottsbluff NB 69361  raluations; Adult Non-Residential Services Outpatient - Individual  raluations; Adult Non-Residential Services Outpatient - Individual                                                          | (308)631-5523<br>I; Juvenile Assessment S<br>(308)225-0500                                                        | urring; Assessment:                                            |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individu | utpatient Therapy including Family Sessions-Mental Health; Out  515 Elm St Bayard NB 69334  raluations; Adult Non-Residential Services Outpatient - Individual  120 E 16th St Suite C Scottsbluff NB 69361  raluations; Adult Non-Residential Services Outpatient - Individual  raluations; Adult Non-Residential Services Outpatient - Individual                                                          | (308)631-5523 I; Juvenile Assessment S (308)225-0500 I; Juvenile Assessment S patient Therapy including           | urring; Assessment: ervices Substance ervices Substance        |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                 | Fax                  |
|---------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| Crouch, Samuel            | Valley Youth Connections                                                 | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)225-0500         |                      |
| Substance Abuse Services: |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                             | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                      |
|                           | Outpatient Therapy including Family Sessions-Mo<br>Assessment (Medicaid) | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                      |
| 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; Ad<br>nt - Individual; Juvenile Assessment Services Substance Abuse Eval<br>Services Outpatient - Groups; Juvenile Non-Residential Services Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | luations; Juvenile No |                      |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                      |
| Juvenile Services:        |                                                                          | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>nent Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt Therapy - Eating [ | Disorder; Outpatient |
| Other Services:           | Sliding Fee Scale;                                                       | ion / coocernant (medicale), / coocernant coocerning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                      |
| Duarte, Christine         | Valley Youth Connections                                                 | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (308)633-0110         | (308)633-0112        |
| Substance Abuse Services: |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |
| Mental Health Services:   |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |
|                           |                                                                          | atment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                      |
| Other Services:           | Bilingual 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; Aditient - Co-Occurring Treatment; Juvenile Assessment Services Substantle Non-Residential Services Outpatient - Individual; Juvenile Non-Ferile  ance Abuse Evaluat    | ions; Juvenile Non-  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent Assessment (bio   | -psychosocial); Co-  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                        | utpatient Therapy including Family Sessions-Mental Health; Outpatie<br>lent: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Therapy - Co-occ   | urring; Assessment:  |
| Other Services:           | Sliding Fee Scale;                                                       | , ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                      |
| Gabel, Bradley            | Region 1 Behavioral Health Authority                                     | 18 W 16th Street Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)633-2070         |                      |
| Substance Abuse Services: |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |
| Mental Health Services:   |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |

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

Juvenile Services: Non-Treatment: Professional Partner

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agonov                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                         | Fax                                                                                                                |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Name                      | Agency                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                         | гах                                                                                                                |
| Hall, Anthony             | Cirrus House Inc                                                                                                                                                                                                                    | 1509 1st Ave Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)635-1488                                                                                                                 |                                                                                                                    |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                     | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Individual; Juvenile Assessment Services Substance Abuse Ev<br>Services Outpatient - Groups; Juvenile Non-Residential Services O                                                                                                                                                                                                                                                                                                                    | aluations; Juvenile No                                                                                                        |                                                                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)481-5392                                                                                                                 |                                                                                                                    |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Outpatient - Co-Coul Residential (MH/SA); Adult Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Aups; Adult Non-Residential Services Outpatient - Family; Adult Non-Decurring Treatment; Adult Non-Residential Services Intensive Outpvices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Fodividual; Juvenile Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | Residential Services (<br>patient Treatment; Adu<br>ance Abuse Evaluation<br>Residential Services O<br>ring Treatment; Juveni | Outpatient - Individua<br>Ilt Residential Servic<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Jones, James              | Community Justice Center                                                                                                                                                                                                            | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)429-1050                                                                                                                 |                                                                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
|                           | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                        | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                                                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Marquez, Jacque           | Valley Youth Connections                                                                                                                                                                                                            | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (308)633-0110                                                                                                                 | (308)633-0112                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Mental Health Services:   | Non-Transferent Comits Company Waller Non-Trans                                                                                                                                                                                     | estancest. Double Deposition New Transferent. Evening Deposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |
|                           |                                                                                                                                                                                                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                                                    |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                                                      | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)371-3044                                                                                                                 | (402)371-9643                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                                    |
| Juvenile Services:        |                                                                                                                                                                                                                                     | eatment: Tracker (Except Douglas County); Non-Treatment: Intensiv<br>orting; Non-Treatment: Evening Reporting; Non-Treatment: Anger M                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                                    |

Health; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Intensive Outpatient:

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; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                     | Address                                                                                                                                                                                                                                                                   | Phone                                               | Fax                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| Other Services:           | Intensive Outpatient Therapy-Co-occurring; Asse<br>Services: Tracker; Contracted Services: Electror<br>Bilingual Services; | essment: Pre-Treatment Assessment (Medicaid); Assessment: Me<br>nic Monitoring                                                                                                                                                                                            | ntal Status Exam (MSE                               | ); Contracted                            |
| Price, Amanda             | Inspirit Counseling                                                                                                        | 709 W 4th St Suite 2 Chadron NB 69337                                                                                                                                                                                                                                     | (308)430-1944                                       |                                          |
| Substance Abuse Services: |                                                                                                                            |                                                                                                                                                                                                                                                                           |                                                     |                                          |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                               | (bio-psychosocial)                                                                                                                                                                                                                                                        |                                                     |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C<br>Mental Health; Assessment: Pre-Treatment Asse                          | outpatient Therapy including Group Sessions-Mental Health; Outpa<br>essment (Medicaid)                                                                                                                                                                                    | tient 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: |                                                                                                                            | valuations; Adult Non-Residential Services Outpatient - Individual;<br>Services Substance Abuse Evaluations; Juvenile Non-Residential S                                                                                                                                   |                                                     |                                          |
| Mental Health Services:   | ,                                                                                                                          | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea                                                                                                                                                                                                           | tment Assessment (bio                               | -psychosocial); Co-                      |
| Juvenile Services:        | Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M                                 | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treat<br>gement Class; Non-Treatment: General Education Class; Outpatie<br>ental Health; Outpatient Therapy including Family Sessions-Menta<br>py-Mental Health; Assessment: Pre-Treatment Assessment (Medic | ent Therapy - Individual<br>I Health; Outpatient Th | -Mental Health;<br>erapy - Co-occurring; |
| Other Services:           | Sliding Fee Scale;                                                                                                         |                                                                                                                                                                                                                                                                           |                                                     |                                          |
| Rodriguez, Juanita        | ACCS Inc                                                                                                                   | 1917 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                        | (308)633-1390                                       | (308)633-1393                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                            | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>rvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual                                    | ; Juvenile Assessment                               | Services Substance                       |
| Mental Health Services:   | Jernood Carpanent - annay, carenno rien rien                                                                               | asimal connect culpations manifestation                                                                                                                                                                                                                                   |                                                     |                                          |
| Juvenile Services:        | Non-Treatment: General Education Class; Non-                                                                               | Freatment: Family Partner; Contracted Services: Electronic Monitor                                                                                                                                                                                                        | ring                                                |                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                         | ·                                                                                                                                                                                                                                                                         | -                                                   |                                          |
| Santana, Melissa          | Guardian Light Family Services                                                                                             | 509 E 4th Street, Suite E North Platte NB 69101                                                                                                                                                                                                                           | (308)631-2665                                       |                                          |
| Substance Abuse Services: |                                                                                                                            |                                                                                                                                                                                                                                                                           |                                                     |                                          |
| Mental Health Services:   |                                                                                                                            |                                                                                                                                                                                                                                                                           |                                                     |                                          |

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| 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<br>Residential Services Outpatient - Groups; Juveni                                                                                                                                                                                                                                                                                                                                                                                                                                             | valuations; Adult Non-Residential Services Outpatient - Groups; Adul<br>sive Outpatient Treatment; Juvenile Assessment Services Substance<br>ile Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | 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-Youtly 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;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                      |                    |               |  |
| √aldez, Juan         | Valley Youth Connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 29 S Beltline HWY W Scottsbluff NB 69361                                                                                                                                                                                                                               | (308)633-0110      | (308)633-0112 |  |

Substance Abuse Services:

Mental Health Services:

Juvenile Services: Non-Treatment: Intensive Family Preservation

Other Services: Bilingual Services;

| Name                      | Agency                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                | Fax                                                                                              |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                                                                                                                                                                        | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                                                                                                                        |                                                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                  |
| Mental Health Services:   |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                  |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)                                                                                                                                                        | er Care (Agency Supported); Out-Of-Home: Emergency Foster (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Care; Non-Treatment: Fam                                                                                                                             | ily Support Worker;                                                                              |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                  |
| Armstrong, Melissa        | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                              | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)370-3140                                                                                                                                        | (402)370-3373                                                                                    |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Residential Servi<br>Residential Services Intervention/Education; Juv<br>Juvenile Non-Residential Services Outpatient - In<br>Services Short Term Residential   | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individues Short Term Residential; Juvenile Assessment Services Subvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Outpatient - Co-Outpat | lual; Adult Non-Residential<br>ostance Abuse Evaluations<br>on-Residential Services O                                                                | Services Outpatien;<br>Juvenile Non-<br>utpatient - Family;                                      |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                     | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |                                                                                                  |
|                           |                                                                                                                                                                                                                                                  | Outpatient Therapy including Family Sessions-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | utpatient Therapy - Co-occu                                                                                                                          | ırring                                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                  |
| Aschoff, Allison          | Women's Empowering Life Line                                                                                                                                                                                                                     | 910 W Park Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)750-9660                                                                                                                                        |                                                                                                  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                                                                  | valuations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Individ<br>Services Intensive Outpatient Treatment; Adult Residential Serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lual; Adult Non-Residential                                                                                                                          | Services Outpatier                                                                               |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                  |
| Juvenile Services:        |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                  |
| Barritt, Samantha         | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                              | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                                        | (402)370-3373                                                                                    |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-<br>SA/MH; Adult Non-Residential Services Outpatient - Groups; A<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-<br>Residential Services Dual Residential (MH/SA); Adult Residential<br>ions; Juvenile Non-Residential Services Intervention/Education;<br>rvices Outpatient - Groups; Juvenile Non-Residential Services of<br>esidential Services Outpatient - Co-Occurring Treatment; Juven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dult Non-Residential Servi<br>Occurring Treatment; Adult<br>al Services Short Term Res<br>; Juvenile Non-Residential<br>Dutpatient - Family; Juvenil | ces Outpatient -<br>Non-Residential<br>sidential; Juvenile<br>Services Care<br>e Non-Residential |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                  |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-M                                                                                                                                                                                                   | oatient Therapy - Individual-Mental Health; Outpatient Therapy i<br>lental Health; Outpatient Therapy - Eating Disorder; Outpatient<br>ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Therapy - Co-occurring; In                                                                                                                           | ensive Outpatient:                                                                               |
|                           | (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                             | ensive Odipatient. Intensive Odipatient Therapy-Co-occurring, F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Assessment: Pre-Treatmen                                                                                                                             | t Assessment                                                                                     |

|                                                    |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          | T                                                               | T                                                                        |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|
| Name                                               | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                  | Phone                                                           | Fax                                                                      |
| Becher, Deborah                                    | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                                    | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                     | (402)564-9994                                                   | (402)562-6458                                                            |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                                       | sessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                              |                                                                 |                                                                          |
| Mental Health Services:                            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Bowens Kissi Afare,                                | Heartland Counseling Services, Inc.                                                                                                                                                                                                                    | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                       | (402)494-3337                                                   |                                                                          |
| Substance Abuse Services:  Mental Health Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>es Substance Abusen-Residential Service | Services Outpatient -<br>Evaluations; Juvenile<br>es Outpatient - Family |
|                                                    |                                                                                                                                                                                                                                                        | ent Therapy - Individual-Mental Health; Intensive Outpatient: Intensive                                                                                                                                                                                                                                                                                  | Outpotiont Thorony                                              | Montal Hoolth                                                            |
| Juvernie Services.                                 | Non-Treatment. Family Support Worker, Outpatie                                                                                                                                                                                                         | int Therapy - individual-inental Health, intensive Outpatient. Intensive                                                                                                                                                                                                                                                                                 | Outpatient Therapy                                              | -ivientai neatti                                                         |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Camacho, Diana                                     | Good Life Counseling & Support                                                                                                                                                                                                                         | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                  | (402)371-3044                                                   |                                                                          |
| Substance Abuse Services:                          | Family; Adult Non-Residential Services Outpatien                                                                                                                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Adu<br>tt - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out                                                                                                                                      | ations; Juvenile Nor                                            |                                                                          |
| Mental Health Services:                            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Juvenile Services:                                 | Non-Treatment: Family Support Worker                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Cattau, Jeanne                                     | Apex Therapy Service                                                                                                                                                                                                                                   | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                             | (402)851-4026                                                   | (402)379-2487                                                            |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |
| Mental Health Services:                            | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                          |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                        | utpatient Therapy including Family Sessions-Mental Health; Outpatier<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessr                                                                                                                                                                                                                 |                                                                 |                                                                          |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                          |

| Name                      | Agency                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                 | Phone                                               | Fax                                        |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                    | (402)564-9994                                       | (402)562-6458                              |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpati-<br>Services Intensive Outpatient Treatment; Adult                                                    | Evaluations; Adult Non-Residential Services Intervention/Education: ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc Residential Services Dual Residential (MH/SA); Juvenile Assessmanily; Juvenile Non-Residential Services Outpatient - Individual; antial Services Intensive Outpatient Treatment | curring Treatment; Aduli<br>ent Services Substance  | Non-Residential Abuse Evaluations;         |
| Mental Health Services:   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; (Pre-Treatment Assessment (Medicaid)                                                                  | Outpatient Therapy including Family Sessions-Mental Health; Outp                                                                                                                                                                                                                                                        | atient Therapy - Co-occ                             | urring; Assessment:                        |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Grothe, Maria             | 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:        | Community Treatment Aide                                                                                                                             |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Other Services:           | Bilingual Services;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                 | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                            | (402)851-4026                                       | (402)379-2487                              |
| Substance Abuse Services: |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Mental Health Services:   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who<br>Health; Intensive Outpatient: Intensive Outpatie                                                    | Outpatient Therapy including Group Sessions-Mental Health; Outpation Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Oent Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensiment: Mental Status Exam (MSE); Assessment: Psychological Evaluation                                             | utpatient: Intensive Out                            | oatient Therapy-Men<br>Disorder; Assessmen |
| Other Services:           | Sliding Fee Scale;                                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
| Hergott, Mariah           | Behavioral Health Specialist/Seekers of Serenity                                                                                                     | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                              | (402)370-3140                                       |                                            |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Ju | Evaluations; Adult Non-Residential Services Intervention/Education: tient - Family; Adult Non-Residential Services Outpatient - Individual es Short Term Residential; Juvenile Assessment Services Substantivenile Non-Residential Services Outpatient - Family; Juvenile Non-                                          | I; Adult Non-Residential<br>ce Abuse Evaluations; J | Services Intensive uvenile Non-            |
|                           | Juvenile Non-Residential Services Outpatient -                                                                                                       | Co-Occurring Treatment                                                                                                                                                                                                                                                                                                  |                                                     |                                            |
| Mental Health Services:   | Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessmen                                                           |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |
|                           | Outpatient Therapy; Pre-Treatment Assessmen<br>Outpatient Therapy - Individual-Mental Health;                                                        |                                                                                                                                                                                                                                                                                                                         |                                                     |                                            |

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                          | Fax                                                                                                         |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                  |                                                                                                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Aups; Adult Non-Residential Services Outpatient - Family; Adult Non-Docurring Treatment; Adult Non-Residential Services Intensive Outpvices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Partial Care; Juvenile Residential Services Partial Care;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Residential Services O<br>atient Treatment; Adul<br>ance Abuse Evaluation<br>residential Services Ou<br>ing Treatment; Juvenil | utpatient - Individu<br>t Residential Servi<br>s; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Other Services:           | 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;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                   | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                  |                                                                                                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Intensive Outpati                                                                                                                                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resigns; Adult Non-Residential Services Outpatient - Family; Adult Non-ent Treatment; Adult Residential Services Short Term Residential; vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups - Groups -  | Residential Services O<br>Iuvenile Assessment S                                                                                | utpatient - Individu<br>ervices Substance                                                                   |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Juvenile Services:        | Non-Treatment: Anger Management Class                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                  | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |                                                                                                             |
| Kollmar, Judy             | Oasis Counseling International                                                                                                                                                                                                                                     | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                                                                  | (402)379-3933                                                                                               |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Commu                                                                                                                                                                                                                        | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                             |
| Loberg, Katie             | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                   | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                                                                  |                                                                                                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpati<br>Abuse Evaluations; Juvenile Non-Residential Services                                                                                                        | ssessment Services Substance Abuse Evaluations; Adult Non-Resicups; Adult Non-Residential Services Outpatient - Family; Adult Non-lent Treatment; Adult Residential Services Short Term Residential; vices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individua | Residential Services O<br>Iuvenile Assessment S<br>utpatient - Groups; Juv                                                     | utpatient - Individu<br>ervices Substance<br>enile Non-Resider                                              |

| Name                                                                                                                                                     | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Mental Health Services:<br>Juvenile Services:                                                                                                            | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Other Services:                                                                                                                                          | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| McCarthy, Kim                                                                                                                                            | Oasis Counseling International                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                                                                                                                           | (402)379-3933                                                                                                                                     |
| Substance Abuse Services:<br>Mental Health Services:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|                                                                                                                                                          | Non-Treatment: Family Support Worker; Commu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Other Services:                                                                                                                                          | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Millard, Laurie                                                                                                                                          | Good Life Counseling & Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)371-9643                                                                                                                                     |
| Substance Abuse Services:                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Mental Health Services:                                                                                                                                  | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Non-Treatment: Evening Reporting; Non-Treatment: An<br>-Mental Health: Outpatient Therapy including Group Sessions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |
| Other Cominger                                                                                                                                           | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | orting; Non-Treatment: Evening Reporting; Non-Treatment: An<br>-Mental Health; Outpatient Therapy including Group Sessions<br>apy - Eating Disorder; Community Treatment Aide; Intensive Content of the Eating Disorder; Intensive Outpatient: Intensive Outpatient of Mental Status Exam (MSE); Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: Tracker; Contracted Services: | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fherapy including ent Therapy-Mental ssment: Pre-                                                                                                 |
| Other Services:                                                                                                                                          | Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul> <li>-Mental Health; Outpatient Therapy including Group Sessions<br/>apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -Mental Health; Outpatient Toutpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asseontracted Services: Electron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fherapy including ent Therapy-Mental ssment: Pre-                                                                                                 |
| Other Services:<br>Morris-Von Kampen, Carla                                                                                                              | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul> <li>-Mental Health; Outpatient Therapy including Group Sessions<br/>apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fherapy including ent Therapy-Mental ssment: Pre-                                                                                                 |
| Morris-Von Kampen, Carla                                                                                                                                 | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -Mental Health; Outpatient Therapy including Group Sessions<br>apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient<br>Mental Status Exam (MSE); Contracted Services: Tracker; C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asseontracted Services: Electron<br>(402)379-3622<br>s; Adult Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring                                                                                  |
| Morris-Von Kampen, Carla                                                                                                                                 | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701 valuations; Adult Non-Residential Services Outpatient - Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asseontracted Services: Electron<br>(402)379-3622<br>s; Adult Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring                                                                                  |
| Morris-Von Kampen, Carla Substance Abuse Services:                                                                                                       | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701 valuations; Adult Non-Residential Services Outpatient - Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse<br>ontracted Services: Electron<br>(402)379-3622<br>s; Adult Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring                                                                                  |
| Morris-Von Kampen, Carla Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                           | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701 valuations; Adult Non-Residential Services Outpatient - Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse<br>ontracted Services: Electron<br>(402)379-3622<br>s; Adult Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring                                                                                  |
| Morris-Von Kampen, Carla Substance Abuse Services:  Mental Health Services: Juvenile Services:                                                           | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Residential (MH/SA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701 valuations; Adult Non-Residential Services Outpatient - Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -Mental Health; Outpatient Toutpatient: Intensive Outpati<br>Therapy-Co-occurring; Asse<br>ontracted Services: Electron<br>(402)379-3622<br>s; Adult Non-Residential Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring                                                                                  |
| Morris-Von Kampen, Carla Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:                                           | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Residential (MH/SA)  Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Se | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701  Valuations; Adult Non-Residential Services Outpatient - Group of the Individual; Adult Non-Residential Services Intensive Outpatient - Individual; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Individual; 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 Toutpatient: Intensive Outpati Therapy-Co-occurring; Asse ontracted Services: Electron  (402)379-3622 s; Adult Non-Residential Servicent Treatment; Adult Resident Treatment; Adult Residential Services: Adult Non-Residential Ser | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring  rvices Outpatient - dential Services Dual  (402)379-0759  Services Outpatient - |
| Morris-Von Kampen, Carla Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services:                                           | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Residential (MH/SA)  Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Serenity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701  Valuations; Adult Non-Residential Services Outpatient - Group of the Individual; Adult Non-Residential Services Intensive Outpatient - Individual; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Individual; 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 Toutpatient: Intensive Outpati Therapy-Co-occurring; Asse ontracted Services: Electron  (402)379-3622 s; Adult Non-Residential Servicent Treatment; Adult Resident Treatment; Adult Residential Services: Adult Non-Residential Ser | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring  rvices Outpatient - dential Services Dual  (402)379-0759  Services Outpatient - |
| Morris-Von Kampen, Carla Substance Abuse Services:  Mental Health Services: Juvenile Services: Other Services: Oltmer, Cynthia Substance Abuse Services: | Education Class; Outpatient Therapy - Individual-Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment:  Bilingual Services;  Women's Empowering Life Line  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Residential (MH/SA)  Sliding Fee Scale;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Services Outpatient Se | -Mental Health; Outpatient Therapy including Group Sessions apy - Eating Disorder; Community Treatment Aide; Intensive Ot-Eating Disorder; Intensive Outpatient: Intensive Outpatient Mental Status Exam (MSE); Contracted Services: Tracker; C 910 W Park Ave Norfolk NB 68701  Valuations; Adult Non-Residential Services Outpatient - Group of the Individual; Adult Non-Residential Services Intensive Outpatient - Individual; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Individual; 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 Toutpatient: Intensive Outpati Therapy-Co-occurring; Asse ontracted Services: Electron  (402)379-3622 s; Adult Non-Residential Servicent Treatment; Adult Resident Treatment; Adult Residential Services: Adult Non-Residential Ser | Fherapy including ent Therapy-Mental ssment: Pre- nic Monitoring  rvices Outpatient - dential Services Dual  (402)379-0759  Services Outpatient - |

| Name                      | Agency                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                               | Phone                                                                  | Fax                                                                |
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| Petersen, Connie          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                                                           | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                    | (402)370-3140                                                          | (402)370-3373                                                      |
|                           | Non-Residential Services Outpatient - Family; Ad<br>Treatment; Adult Non-Residential Services Intens<br>Substance Abuse Evaluations; Juvenile Non-Res<br>Residential Services Outpatient - Individual; Juve<br>Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>lult Non-Residential Services Outpatient - Individual; Adult Non-Reside<br>sive Outpatient Treatment; Adult Residential Services Short Term Res<br>idential Services Outpatient - Groups; Juvenile Non-Residential Services<br>in Non-Residential Services Outpatient - Co-Occurring Treatment; J | ential Services Outp<br>sidential; Juvenile As<br>ces Outpatient - Far | atient - Co-Öccurring<br>ssessment Services<br>mily; Juvenile Non- |
|                           |                                                                                                                                                                                                                                               | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                    |
|                           | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M                                                                                                                                                | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As<br>SE); Assessment: Psychological Evaluation; Assessment: Co-Occurri                                                                                                                                                    | ssessment: Pre-Trea                                                    |                                                                    |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                                                                     | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                | (402)753-9415                                                          |                                                                    |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |
| Mental Health Services:   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                                                                | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                    |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |
| 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 live Outpatient Treatment; Juvenile Assessment Services Substance Alle Non-Residential Services Outpatient - Individual                                                                                                                                                                          |                                                                        |                                                                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                  | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation                                                                                                                                                                                                                                                                                                 | on; Psychological E                                                    | valuation                                                          |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Who Sexually Harm; Assessment: Pre-Treatment<br>Assessment: Juvenile Who Sexually Harm Risk A                                                                                              | utpatient Therapy including Group Sessions-Mental Health; Outpatien<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie<br>t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A<br>Assessment; Assessment: Co-Occurring                                                                                                               | nt: Intensive Outpat                                                   | ient Therapy-Youth                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |
| Stortvedt, Mark           | Oasis Counseling International                                                                                                                                                                                                                | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                            | (402)379-2030                                                          | (402)379-3933                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                                                               | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adults                                                                                                                                                                                                                                                                                                    | s who Sexually Harn                                                    | n Evaluation                                                       |
|                           | Mental Health; Community Treatment Aide; Asse                                                                                                                                                                                                 | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                       | t Therapy including                                                    | Family Sessions-                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                    |

| 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<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                          | raluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individential Services Outpatient - Individential Services Intensive Outpatient Treatment; Juvenile Assessmer; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-dividual; Juvenile Non-Residential Services Outpatient - Co-dividual; | ridual; Adult Non-Residential<br>nt Services Substance Abuse<br>enile Non-Residential Service                                | Services Outpatient -<br>Evaluations; Juvenil<br>es Outpatient - Family                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                                                                      |
|                           |                                                                                                                                                                                                            | utpatient Therapy including Group Sessions-Mental Health; Cg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occเ                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                                                                                      |
| Other dervices.           | Silding ree Scale,                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                                                                                      |
| Walton, Robert            | AMH Counseling                                                                                                                                                                                             | 802 W Norfolk Suite 1 Norfolk NB 68601                                                                                                                                                                                                                                                                                                                                                                                | (402)841-3791                                                                                                                | (402)563-2728                                                                                        |
|                           | - Family; Juvenile Non-Residential Services Outp<br>Outpatient Therapy; Juvenile Pre-Treatment Asso<br>Occurring<br>Non-Treatment: Anger Management Class; Non-                                            | ducation; Juvenile Non-Residential Services Outpatient - Gro-<br>patient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Co-Occurring Evaluation (C/O); Pre-<br>Treatment: General Education Class; Outpatient Therapy - Individual Features - Co-Occurring                                                                                                                         | ent - Co-Occurring Treatmer -Treatment Assessment (bio-                                                                      | psychosocial); Co-                                                                                   |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         | Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              |                                                                                                      |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Nor<br>ups; Adult Non-Residential Services Outpatient - Family; Adul<br>Occurring Treatment; Adult Non-Residential Services Intensivervices Substance Abuse Evaluations; Juvenile Non-Resident<br>le Non-Residential Services Outpatient - Family; Juvenile Nor-Occurring Treatment; Juvenile Non-Residential Services In                                       | t Non-Residential Services C<br>e Outpatient Treatment; Adu<br>ial Services Intervention/Edu<br>n-Residential Services Outpa | Outpatient - Individual;<br>It Residential Service:<br>cation; Juvenile Non-<br>Itient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                                                                                      |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outp<br>Outpatient Therapy including Family Sessions-M<br>Health; Intensive Outpatient: Intensive Outpatient                                                        | atient Therapy - Individual-Mental Health; Outpatient Therapy<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Out<br>t Therapy-Co-occurring: Assessment: Pro-Treatment Assess                                                                                                                                                                                                                           | utpatient: Intensive Outpatien                                                                                               | t Therapy-Mental                                                                                     |
|                           | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                    | Therapy of occurring, Assessment. The Treatment Assessi                                                                                                                                                                                                                                                                                                                                                               | ment (wedicald), Assessmen                                                                                                   | t. Co-Occurring                                                                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                         | Fax                                                                                                                 |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Austen, Robin             | Region V Systems-Behavioral Health<br>Authority                                                                                                                                                                                                    | 1645 N Street Lincoln NB 68508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)471-4326                                                                                                                                                                 |                                                                                                                     |
| Substance Abuse Services: |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Betka, Cindy              | FGH Inc                                                                                                                                                                                                                                            | 942 N 13th St. Geneva NB 68361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)879-5959                                                                                                                                                                 | (402)759-3803                                                                                                       |
|                           |                                                                                                                                                                                                                                                    | Evaluations; Adult Non-Residential Services Intervention/E<br>ttient - Family; Adult Non-Residential Services Outpatient -<br>nt (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · ·                                                                                                                                                                           | Services Outpatient -                                                                                               |
| Juvenile Services:        | including Group Sessions-Mental Health; Outp                                                                                                                                                                                                       | on-Treatment: General Education Class; Outpatient Therap<br>natient Therapy including Family Sessions-Mental Health; C<br>atment Assessment (Medicaid); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | outpatient Therapy - Eating Disord                                                                                                                                            |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                 | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                     |
| Doehling, Raechel         | Houses of Hope                                                                                                                                                                                                                                     | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)435-3165                                                                                                                                                                 |                                                                                                                     |
| Substance Abuse Services: | Adult Residential Services Halfway-House                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Mental Health Services:   |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Holeman, Krista           | Brodstone Memorial Hospital                                                                                                                                                                                                                        | 520 E 10th St Superior NB 68978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)207-1542                                                                                                                                                                 | (402)207-1013                                                                                                       |
|                           | Groups; Adult Non-Residential Services Outpa<br>Co-Occurring Treatment; Juvenile Assessmen                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Individual; Adult Non-Residential sidential Services Intervention/Ed                                                                                                          | Services Outpatient ducation; Juvenile                                                                              |
|                           | Outpatient Therapy - Individual-Mental Health;                                                                                                                                                                                                     | Outpatient Therapy including Group Sessions-Mental Hea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lth; Outpatient Therapy including                                                                                                                                             | Family Sessions-                                                                                                    |
| Other Services:           | Mental Health; Outpatient Therapy - Co-occurr<br>Sliding Fee Scale; Hearing Impaired; Bilingual                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                     |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                                                                                 |                                                                                                                     |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - G<br>Adult Non-Residential Services Outpatient - Co<br>Dual Residential (MH/SA); Adult Residential S<br>Residential Services Intervention/Education; J<br>Juvenile Non-Residential Services Outpatient | Evaluations; Adult Non-Residential Services Intervention/E roups; Adult Non-Residential Services Outpatient - Family; b-Occurring Treatment; Adult Non-Residential Services Intervences Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - pile Non-Residential Services - pile Non-Residen | Adult Non-Residential Services C<br>ensive Outpatient Treatment; Adu<br>ices Substance Abuse Evaluation<br>enile Non-Residential Services O<br>Co-Occurring Treatment; Juveni | Outpatient - Individua<br>ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |

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

Mental Health Services:

| Name                                                                                                                                                        | Agency                                                                                                            | Address                                                                                                                                                   | Phone                                      | Fax                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|
| Juvenile Services:                                                                                                                                          |                                                                                                                   |                                                                                                                                                           |                                            |                                     |
| Other Services:                                                                                                                                             | Bilingual Services;                                                                                               |                                                                                                                                                           |                                            |                                     |
| 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;                                                                                                |                                                                                                                                                           |                                            |                                     |
| Lemke, Jocelyn                                                                                                                                              | Lemke Michels Psychotherapy - Michelle<br>Lemke PC                                                                | 942 N 13th St Geneva NB 68361                                                                                                                             | (402)759-3802                              | (402)759-3803                       |
| Substance Abuse Services:                                                                                                                                   |                                                                                                                   |                                                                                                                                                           |                                            |                                     |
| Mental Health Services:                                                                                                                                     |                                                                                                                   |                                                                                                                                                           |                                            |                                     |
| Juvenile Services:                                                                                                                                          | Outpatient Therapy - Individual-Mental Health; In (Medicaid); Assessment: Mental Status Exam (M                   | tensive Outpatient: Intensive Outpatient Therapy-Mental Healt                                                                                             | th; Assessment: Pre-Treatn                 | nent Assessment                     |
| Other Services:                                                                                                                                             | Sliding Fee Scale;                                                                                                | <i>(</i> -2)                                                                                                                                              |                                            |                                     |
| Martin, Kelly                                                                                                                                               | Touchstone                                                                                                        | 2633 P St Lincoln NB 68503                                                                                                                                | (402)474-4343                              | (402)474-6957                       |
| Substance Abuse Services:                                                                                                                                   | Adult Residential Services Short Term Residentia                                                                  | al                                                                                                                                                        |                                            |                                     |
| Mental Health Services:                                                                                                                                     |                                                                                                                   |                                                                                                                                                           |                                            |                                     |
| Juvenile Services:                                                                                                                                          |                                                                                                                   |                                                                                                                                                           |                                            |                                     |
| Other Services:                                                                                                                                             | Sliding Fee Scale;                                                                                                |                                                                                                                                                           |                                            |                                     |
|                                                                                                                                                             |                                                                                                                   |                                                                                                                                                           |                                            |                                     |
| Nichols, Kayla                                                                                                                                              | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                  | (402)261-9273                              |                                     |
| Nichols, Kayla Substance Abuse Services:                                                                                                                    | Healthcare Inc                                                                                                    | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                  | (402)261-9273                              |                                     |
|                                                                                                                                                             | Healthcare Inc                                                                                                    | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                  | (402)261-9273                              |                                     |
| Substance Abuse Services:<br>Mental Health Services:                                                                                                        | Healthcare Inc  Non-Treatment: Intensive Family Preservation; O                                                   | 620 N 48th St Suite 303 Lincoln NB 68504  Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                 |                                            | ons-Mental Health;                  |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                      | Healthcare Inc                                                                                                    |                                                                                                                                                           |                                            | ons-Mental Health;                  |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:                                                                                      | Healthcare Inc  Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Eating Disorder              |                                                                                                                                                           |                                            | ons-Mental Health;<br>(402)476-9623 |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:                                                                     | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                           | apy including Family Sessic                |                                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Prater, Jackie                                                     | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke | Outpatient Therapy - Individual-Mental Health; Outpatient Thera                                                                                           | apy including Family Sessic                |                                     |
| Substance Abuse Services:  Mental Health Services:  Juvenile Services:  Other Services:  Prater, Jackie  Substance Abuse Services:  Mental Health Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Eating Disorder Sliding Fee Scale; HopeSpoke | Outpatient Therapy - Individual-Mental Health; Outpatient Thera  2444 O St Lincoln NB 68510  utpatient Therapy including Family Sessions-Mental Health; D | apy including Family Session (402)475-7666 | (402)476-9623                       |

| Name                      | Agency                                                                                                  | Address                                                                                                                                                                                                                                                | Phone                 | Fax                   |
|---------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Schmidt, Sharon           | The Resolution Center                                                                                   | 120 South 5th Street Beatrice NB 68310                                                                                                                                                                                                                 | (402)223-6061         | (402)223-6625         |
| Substance Abuse Services: |                                                                                                         |                                                                                                                                                                                                                                                        |                       |                       |
| Mental Health Services:   |                                                                                                         |                                                                                                                                                                                                                                                        |                       |                       |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                          | nflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                                                     | е                     |                       |
| 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<br>Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual                                                              | Abuse Evaluations;    | Juvenile Non-         |
|                           |                                                                                                         | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                     |                       |                       |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who S                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatiel<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpation<br>that Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth    |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                        |                       |                       |
| Stokebrand, Tera          | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                      | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                          | (402)230-9130         |                       |
| Substance Abuse Services: |                                                                                                         |                                                                                                                                                                                                                                                        |                       |                       |
| Mental Health Services:   |                                                                                                         |                                                                                                                                                                                                                                                        |                       |                       |
| 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;                                                                                      |                                                                                                                                                                                                                                                        |                       |                       |
| Threats, Deb              | Associates in Counseling & Treatment                                                                    | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                             | (402)261-6667         | (402)261-6526         |
| Substance Abuse Services: |                                                                                                         | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                            | lult Non-Residential  | Services Outpatient - |
| Mental Health Services:   |                                                                                                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                |                       |                       |
| 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         |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Extended Residential                                 | aluations; Adult Non-Residential Services Intervention/Education; Ac<br>nt - Individual; Adult Non-Residential Services Intensive Outpatient T                                                                                                         |                       |                       |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                       |                       |                       |
| Juvenile Services:        |                                                                                                         |                                                                                                                                                                                                                                                        |                       |                       |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                        |                       |                       |

| Name                      | Agency                                                                                            |                       | Address                               | Phone                          | Fax                 |
|---------------------------|---------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|--------------------------------|---------------------|
| Weber, Kristi             | Weber Behavioral Health                                                                           | 942 N 13th Ger        | neva NB 68361                         | (402)759-3802                  | (402)759-3803       |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                      | /aluations; Adult Nor | n-Residential Services Outpatient - C | o-Occurring Treatment          |                     |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                   | enile Pre-Treatment / | Assessment (PTA); Pre-Treatment As    | ssessment (bio-psychosocial)   |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Outpatient Psychiatric I |                       |                                       |                                |                     |
| Other Services:           | Sliding Fee Scale;                                                                                |                       |                                       |                                |                     |
| Weber, Kristi             | Nebraska Mental Health Centers                                                                    | 4545 S 86th St        | Lincoln NB 68520                      | (402)759-3802                  | (402)759-3803       |
| Substance Abuse Services: |                                                                                                   |                       |                                       |                                |                     |
| Mental Health Services:   |                                                                                                   |                       |                                       |                                |                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; A Assessment: Mental Status Exam (MSE); Assess     |                       | , , ,                                 | ssment: Outpatient Psychiatric | Evaluation;         |
| Other Services:           | Sliding Fee Scale;                                                                                |                       | •                                     |                                |                     |
| White, Nichole            | Blue Valley Behavioral Health                                                                     | 1123 N 9th St         | Beatrice NB 68310                     | (402)228-3386                  |                     |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie   |                       |                                       |                                | Services Outpatient |
| Mental Health Services:   | ' '                                                                                               | ,,                    | •                                     |                                |                     |
| Juvenile Services:        |                                                                                                   |                       |                                       |                                |                     |
| Other Services:           | Sliding Fee Scale;                                                                                |                       |                                       |                                |                     |

| Nama                      | Agonov                                                                                                                                                   | Addroop                                                                                                                                                                                                                                                                                                                                                            | Dhone                                                              | Fox                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|
| Name                      | Agency                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                            | Phone                                                              | Fax                                                          |
| Avalos, Mayra             | Region II- Human Services                                                                                                                                | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                    | (308)324-6754                                                      | (308)324-5518                                                |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
|                           | Non-Treatment: Professional Partner                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Benesch, Kevin            | HopeSpoke                                                                                                                                                | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                         | (402)475-7666                                                      | (402)476-9623                                                |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Juvenile Services:        |                                                                                                                                                          | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexualent: Psychological Evaluation; Assessment: Juvenile Who Sexually Ha                                                                                                                                                                                                                             |                                                                    |                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Crawford, Makayla         | Region II- Human Services                                                                                                                                | 401 West 1st Street Ogallala NB 69153                                                                                                                                                                                                                                                                                                                              | (308)284-6767                                                      | (308)284-3084                                                |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
|                           | Non-Treatment: Professional Partner                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Other Services:           | Bilingual Services;                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Fisher, Joel              | Region II- Human Services                                                                                                                                | 110 N. Bailey North Platte NB 69103-1208                                                                                                                                                                                                                                                                                                                           | (308)539-1387                                                      | (308)532-1157                                                |
| Substance Abuse Services: |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Mental Health Services:   |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                        | ervices;                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                              |
| Hageman, Wendy            | Beacon of Hope Counseling Center LLC                                                                                                                     | 308 W 4th St North Platte NB 69101                                                                                                                                                                                                                                                                                                                                 | (308)532-0777                                                      |                                                              |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; Ad<br>es Outpatient - Groups; Adult Non-Residential Services Outpatient - F<br>rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se<br>ducation; Juvenile Non-Residential Services Care Monitoring SA/MH<br>ervices Outpatient - Family; Juvenile Non-Residential Services Outpat | amily; Adult Non-Re<br>rvices Substance Ab<br>; Juvenile Non-Resid | esidential Services<br>buse Evaluations;<br>dential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                             | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                              |
|                           | Mental Health; Outpatient Therapy - Eating Disor                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatier rder                                                                                                                                                                                                                                                                                           | nt Therapy including                                               | Family Sessions-                                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                              |

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                    | Fax                                                                                                                  |
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| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)481-5392                                                                                                            |                                                                                                                      |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpatiers Treatment; Adult Non-Residential Services Intensive Outpatices Short Term Residential; Juvenile Assessment Services Substantenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | tesidential Services (<br>atient Treatment; Adu<br>nce Abuse Evaluation<br>esidential Services O<br>ng Treatment; Juveni | Outpatient - Individual<br>ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>le Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)429-1050                                                                                                            |                                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          |                                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Martin, Kelly             | Touchstone                                                                                                                                                                                                                                                         | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)474-4343                                                                                                            | (402)474-6957                                                                                                        |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                                                                                   | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Romero, Ana               | Region II- Human Services                                                                                                                                                                                                                                          | 307 East 5th Lexington NB 68850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (308)324-6754                                                                                                            |                                                                                                                      |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Juvenile Services:        | Non-Treatment: Professional Partner                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                  | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                      |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                    | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (417)413-0085                                                                                                            | (308)832-4844                                                                                                        |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                            | aluations; Adult Non-Residential Services Outpatient - Groups; Adult<br>ive Outpatient Treatment; Juvenile Assessment Services Substance<br>le Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                                                                                                                       | 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                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatit Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                                                                                                                                                                                                                                                                       | nt Therapy including ent: Intensive Outpat                                                                               | Family Sessions-<br>ient Therapy-Youth                                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                              | Address                                  | Phone         | Fax           |
|---------------------------|-------------------------------------|------------------------------------------|---------------|---------------|
| Vak, Ashley               | Region II- Human Services           | 110 N. Bailey North Platte NB 69103-1208 | (308)532-4860 | (308)532-1157 |
| Substance Abuse Services: |                                     |                                          |               |               |
| Mental Health Services:   |                                     |                                          |               |               |
| Juvenile Services:        | Non-Treatment: Professional Partner |                                          |               |               |
| Other Services:           | Sliding Fee Scale;                  |                                          |               |               |
| White, Sarah              | Region II- Human Services           | 110 N. Bailey North Platte NB 69103-1208 | (308)532-4860 | (308)532-1157 |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Professional Partner

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;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;<br>Services Intensive Outpatient Treatment; Adult Residential Service | Adult Non-Residential   | Services Outpatient |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                  |                         |                     |
| Other Services:                               | Sliding Fee Scale;                                       |                                                                                                                                                                                                                   |                         |                     |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity         | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                              | (402)564-9994           | (402)562-6458       |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou         | ssessment Services Substance Abuse Evaluations; Adult Non-Res<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non<br>ent Treatment; Adult Residential Services Short Term Residential           |                         |                     |
| Mental Health Services:<br>Juvenile Services: |                                                          |                                                                                                                                                                                                                   |                         |                     |
| 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          | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential            | - Family; Adult Non-Re  | sidential Services  |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                  |                         |                     |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                   |                                                                                                                                                                                                                   |                         |                     |
| Camacho, Diana                                | Good Life Counseling & Support                           | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                           | (402)371-3044           |                     |
| Substance Abuse Services:                     | Family; Adult Non-Residential Services Outpatier         | valuations; Adult Non-Residential Services Intervention/Education;<br>nt - Individual; Juvenile Assessment Services Substance Abuse Ev<br>Services Outpatient - Family; Juvenile Non-Residential Services C       | aluations; Juvenile Nor |                     |
| Mental Health Services:                       |                                                          |                                                                                                                                                                                                                   |                         |                     |
|                                               | Non-Treatment: Family Support Worker Bilingual Services; |                                                                                                                                                                                                                   |                         |                     |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Juvenile Services: Non-Treatment: General Education Class

| Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile                                                      | 917 W 21st St PO Box 355 South Sioux City NB 69887  aluations; Adult Non-Residential Services Outpatient - Groups; Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Juvenile                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Co-Occurring Treatment; Juvenile Non-Residentia                                                                                                            | e Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing Treatment; Adult<br>Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Non-Residential<br>Outpatient - Groups; 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| Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                            | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                          | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Heartland Counseling Services, Inc.                                                                                                                        | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Groups; Adult Non-Residential Services Outpatiel<br>Co-Occurring Treatment; Juvenile Assessment So<br>Non-Residential Services Outpatient - Groups; Ju     | nt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dult Non-Residential<br>vices Intervention/Ec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Services Outpatient - ucation; 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| Outpatient Therapy; Pre-Treatment Assessment (                                                                                                             | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Behavioral Health Specialist/Seekers of Serenity                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Adult Ro<br>Juvenile Non-Residential Services Outpatient - Fa | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment S<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ing Treatment; Adult<br>Services Substance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Non-Residential<br>Abuse Evaluations;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Therapy - Co-occi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | urring; Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                                                                                                                                            | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)720-1621                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)753-6445                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Groups; Adult Non-Residential Services Outpatien<br>Outpatient Treatment; Juvenile Assessment Servi<br>Residential Services Outpatient - Groups; Juvenil   | nt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | dult Non-Residential<br>es Intervention/Educ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Intensive ation; Juvenile Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                            | Outpatient Therapy - Individual-Mental Health; Or Therapy-Mental Health; Assessment: Pre-Treatm Sliding Fee Scale; Hearing Impaired; Bilingual Set Heartland Counseling Services, Inc.  Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Coutpatient Therapy; Pre-Treatment Assessment outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services;  Behavioral Health Specialist/Seekers of Serenity  Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - Faco-Occurring Treatment; Juvenile Non-Residential Services Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenile Outpatient - Groups; Juvenil | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Community Treatment Aide; Intensis Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE Sliding Fee Scale; Hearing Impaired; Bilingual Services;  Heartland Counseling Services, Inc. 221 West Douglas St. O'Neill NB 68763  Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Ad Groups; Adult Non-Residential Services Outpatient - Individual; Acco-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 Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring  Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Service | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy; Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring Sliding Fee Scale; Bilingual Services Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)564-9994 Serenity Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Services Outpatient Treatment; Adult Residential Services Dual Residential Services Outpatient - Co-Occurring Treatment; Adult Services Outpatient Treatment; Adult Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Outpatient - Individual; Adult Non-Residential Services Ou |

| Name                      | Agency                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                        | Fax                                                                                        |
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| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                                                                           | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)851-4026                                                                                | (402)379-2487                                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
|                           | Mental Health; Outpatient Therapy - Youth Who Shealth; Intensive Outpatient: Intensive Outpatient Pre-Treatment Assessment (Medicaid); Assessment Risk Assessment                                              | utpatient Therapy including Group Sessions-Mental Health; Outpatiel Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outp t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive nent: Mental Status Exam (MSE); Assessment: Psychological Evaluation                                                                                                                                                                                               | atient: Intensive Out<br>Outpatient- Eating D                                                | patient Therapy-Ment<br>Disorder; Assessment                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                      | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)481-5392                                                                                |                                                                                            |
|                           | Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - Ir | ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rocurring Treatment; Adult Non-Residential Services Intensive Outpavices Short Term Residential; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Groups; Juvenile Non-Rendividual; Juvenile Non-Residential Services Outpatient - Co-Occurringen Non-Residential Services Outpatient - Co-Occurringen Non-Residential Services Partial Care; Juvenile Residential Services | tient Treatment; Adu<br>nce Abuse Evaluation<br>sidential Services O<br>ng Treatment; Juveni | ılt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Other Services:           | 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;                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Kennedy, Jenna            | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                               | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)370-3140                                                                                |                                                                                            |
|                           | Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Intensive Outpati                                                                                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services Outpa                                                                                                                                                                                               | esidential Services (<br>venile Assessment                                                   | Dutpatient - Individual<br>Services Substance                                              |
| Mental Health Services:   |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
|                           | Non-Treatment: Anger Management Class                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                            |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                              | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                            |

|                                             | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                         | Fax                                                                              |
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| Kollmar, Judy                               | Oasis Counseling International                                                                                                                                                                          | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                    | (402)379-2030                                                                                 | (402)379-3933                                                                    |
|                                             | Non-Treatment: Family Support Worker; Commur<br>Sliding Fee Scale;                                                                                                                                      | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                  |
| Laffin, 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re<br>ervices Intensive Ou<br>on; Juvenile Non-Re<br>outpatient - Family; J | esidential Services<br>tpatient Treatment;<br>sidential Services<br>uvenile Non- |
| Mental Health Services:                     | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                         | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C                                                                                                                                                                                                                                                                                                                                                              | o .                                                                                           | antinut Thomas                                                                   |
|                                             | including Group Sessions-Mental Health; Outpatie                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individual<br>ent Therapy including Family Sessions-Mental Health; Outpatient Th<br>· Treatment Day Treatment-Mental Health; Assessment: Pre-Treatme                                                                                                                                                                                                                 | erapy - Co-occurring                                                                          | ; Intensive Outpatien                                                            |
| Other Services:                             | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                  |
| •                                           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                        | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                    | (402)370-3140                                                                                 |                                                                                  |
|                                             | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                | ssessment Services Substance Abuse Evaluations; Adult Non-Residens; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outlential Services Outlential Services Outpatient - Individual; Juvenile Non-Residential Services                                                     | esidential Services (<br>venile Assessment<br>patient - Groups; Juv                           | Outpatient - Individual<br>Services Substance<br>venile Non-Residentia           |
| Mental Health Services:  Juvenile Services: | Outpatient Therapy; Co-Occurring                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                  |
| Other Services:                             | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                  |
| Mackling, Jamie                             | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                            | (402)494-3337                                                                                 | (402)494-3655                                                                    |
|                                             | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                      | dult Non-Residential<br>ces Substance Abus<br>n-Residential Servic                            | Services Outpatient<br>Evaluations; Juveni<br>es Outpatient - Famil              |
| Mental Health Services:                     | 2222                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                  |
| Juvenile Services:                          | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale; Bilingual Services;

| Name                      | Agency                                                            | Address                                                                                                                                      | Phone         | Fax           |
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| McCarthy, Kim             | 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                       | inity Treatment Aide                                                                                                                         |               |               |
| Other Services:           | Sliding Fee Scale;                                                |                                                                                                                                              |               |               |
| Mousel, Allison           | Heartland Counseling Services, Inc.                               | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                           | (402)494-3337 |               |
| Substance Abuse Services: |                                                                   | valuations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Family; Adult Non-Residential Services Outpatient - In  |               |               |
| Mental Health Services:   |                                                                   |                                                                                                                                              |               |               |
| Juvenile Services:        |                                                                   |                                                                                                                                              |               |               |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Sc                 | ervices;                                                                                                                                     |               |               |
| 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: | Groups; Adult Non-Residential Services Outpatie                   | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A |               |               |
| Mental Health Services:   | Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | (hio-psychosocial): Co-Occurring                                                                                                             |               |               |
| Juvenile Services:        | Outpatient Therapy, Fie-Treatment Assessment                      | (bio-psychosocial), co-occurring                                                                                                             |               |               |
|                           | Sliding Fee Scale;                                                |                                                                                                                                              |               |               |
|                           |                                                                   |                                                                                                                                              |               |               |
| Post, Jennifer            | Community Monitoring Services, Inc                                | 1000 W 29th St Ste 319 South Sioux City NB 51054                                                                                             | (402)412-2787 | (402)412-2788 |
| Substance Abuse Services: |                                                                   |                                                                                                                                              |               |               |
| Mental Health Services:   |                                                                   |                                                                                                                                              |               |               |
|                           | Non-Treatment: Family Support Worker                              |                                                                                                                                              |               |               |
| Other Services:           | Bilingual Services;                                               |                                                                                                                                              |               |               |
| Roberts, Kristine         | Nebraska Mediation Center                                         | 435 N Park, 4th Floor Fremont NB 68025                                                                                                       | (402)753-9415 |               |
| Substance Abuse Services: |                                                                   |                                                                                                                                              |               |               |
| Mental Health Services:   |                                                                   |                                                                                                                                              |               |               |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                    | onflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                          | Э             |               |

| 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<br>Residential Services Outpatient - Groups; Juvenil                                                                                                     | t Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - idual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-dential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual                                                                                                                                                  |                                                                                   |                                                                                                       |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                              | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on; Psychological E                                                               | valuation                                                                                             |  |  |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Who Sexually Harm; Assessment: Pre-Treatment<br>Assessment: Juvenile Who Sexually Harm Risk A                                                            | outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- lental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth /ho Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; ssessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring |                                                                                   |                                                                                                       |  |  |
| 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/Ed                                                  | raluations; Adult Non-Residential Services Intervention/Education; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Outpatient - Groups; Juventient - Individual; Juvenile Non-Residential Services Outpatient - Co-                                                                                                                                                                                      | amily; Adult Non-Re<br>vices Substance Ab<br>enile Non-Residenti                  | esidential Services<br>buse Evaluations;<br>al Services Outpatient                                    |  |  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                             | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ent Assessment (bio                                                               | -psychosocial); Co-                                                                                   |  |  |
| Juvenile Services:        |                                                                                                                                                                                                             | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                       |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          | oo coodhing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                       |  |  |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intensive Outpat<br>orvices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>o-Occurring Treatment; Juvenile Non-Residential Services Intensive of                                                                                 | esidential Services Client Treatment; Aduces Intervention/Eduction Services Outpa | Outpatient - Individual;<br>It Residential Services<br>Ication; Juvenile Non-<br>atient - Individual; |  |  |
| Mental Health Services:   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                       |  |  |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                             | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:<br>t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me                                                                                                                                                                                                                                                                                                                             | Intensive Outpatier                                                               | nt Therapy-Mental                                                                                     |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                       |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

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

| Name                      | Agency                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                             | Phone                                                              | Fax                                        |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------|
| Yunker, Kimberley         | 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: | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>Services Intensive Outpatient Treatment; Juvenile Assessment Servic<br>Juvenile Non-Residential Services Outpatient - Groups; Juvenile No<br>dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential<br>es Substance Abuse<br>n-Residential Servic | Services Outpatient<br>Evaluations; Juveni |
| Mental Health Services:   |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                            |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                            |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                         | Phone                                        | Fax                                       |
|---------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                            | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                      | (308)224-3338                                |                                           |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                          | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; I                                                                                                                                                                                                                                                                | Non-Treatment: Fam                           | ily Support Worker;                       |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                                | (402)562-6458                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                     | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                         |                                              |                                           |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Boyce, Shelley            | Shelley K Boyce, LIMHP, CPC                                                                          | 314 S 14th St Suite 101 Ord NB 68862                                                                                                                                                                                                                                                                                            | (308)728-9979                                | (308)728-9980                             |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                                                              |                                              |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou                                                    | utpatient Therapy including Family Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                             | nt Therapy - Eating I                        | Disorder                                  |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| 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<br>Co-Occurring Treatment; Juvenile Non-Residenti    | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; A<br>al Services Intervention/Education; Juvenile Non-Residential Service<br>e Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                  | dult Non-Residential<br>s Outpatient - Group | Services Outpatient -<br>s; Juvenile Non- |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                       | Co-Occurring                                                                                                                                                                                                                                                                                                                    |                                              |                                           |
| Juvenile Services:        | Assessment: Co-Occurring                                                                             |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                              |                                           |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of<br>Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                                | (402)562-6458                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ing Treatment; Adult<br>Services Substance   | Non-Residential Abuse Evaluations;        |

Mental Health Services:

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                      | Fax                                                                                                       |
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| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health; Outpati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent Therapy - Co-occ                                                                                                       | urring; Assessment:                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)481-5392                                                                                                              |                                                                                                           |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Aps; Adult Non-Residential Services Outpatient - Family; Adult Non-Occurring Treatment; Adult Non-Residential Services Intensive Outprices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Partial Care; Juvenile Residential Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Residential Services (<br>atient Treatment; Adu<br>ance Abuse Evaluation<br>esidential Services O<br>ing Treatment; Juveni | Outpatient - Individual ult Residential Service ns; Juvenile Non- utpatient - Family; ile Non-Residential |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)429-1050                                                                                                              |                                                                                                           |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                     | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| 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; Ant - Family; Adult Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | dult Non-Residential                                                                                                       | Services Outpatient -                                                                                     |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                           |
| Koch, Lori                | Stephen Center                                                                                                                                                                                                                                                     | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)715-5459                                                                                                              | (402)715-5452                                                                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juve<br>SA/MH; Juvenile Non-Residential Services Outpa                                                          | 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 - Fam 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Trea | Adult Non-Residential<br>Dual Residential (MF<br>Non-Residential Sen<br>ily; Juvenile Non-Res                              | Services Outpatient (I/SA); Adult vices Care Monitoring idential Services                                 |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |                                                                                                           |
| luvanila Cantiana:        | Outpatient Thorany Co occurring: Intensive Out                                                                                                                                                                                                                     | and in the late and it is Coulombia at The annual Co. and a surviving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                                                                           |
| Juverille Services.       | Outpatient Therapy - Co-occurring, intensive Out                                                                                                                                                                                                                   | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                                                                                                           |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                           | Fax                                                                       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| McDowell, Meredith        | Monty Shultz Counseling and<br>NeuroFeedback                                                                                                                                                            | 2002 Central Ave Kearney NB 68847-4473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (308)708-9379                                                                                                                   |                                                                           |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | raluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services and Services Outpatient - Co-Occurring Treatment - Co-Occurring Tr | <ul> <li>Family; Adult Non-Res<br/>Services Intensive Outp<br/>ation; Juvenile Non-Resi<br/>Outpatient - Family; Juv</li> </ul> | idential Services<br>atient Treatment;<br>dential Services<br>venile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                           |
|                           | Mental Health; Outpatient Therapy - Eating Disor                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpat<br>der; Assessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ient Therapy including F                                                                                                        | amily Sessions-                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                           |
| Stennis, Gladys           | Infinite Avenues Counseling                                                                                                                                                                             | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)905-6296                                                                                                                   |                                                                           |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                            | raluations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                           |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                           |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                         | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (417)413-0085                                                                                                                   | (308)832-4844                                                             |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                                                                                   | raluations; Adult Non-Residential Services Outpatient - Groups; Ad<br>ive Outpatient Treatment; Juvenile Assessment Services Substanc<br>le Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e Abuse Evaluations; Ju                                                                                                         | venile Non-                                                               |
|                           | 1 27                                                                                                                                                                                                    | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , , ,                                                                                                                           |                                                                           |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpat<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat<br>t Assessment (Medicaid); Assessment: Mental Status Exam (MSE;<br>Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | atient: Intensive Outpatie                                                                                                      | nt Therapy-Youth                                                          |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                           |
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                                                                                                                     | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (308)870-2630                                                                                                                   |                                                                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                        | raluations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual; services Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Adult Non-Residential Services Intervention/Edu                                                                                 | Services Outpatient cation; Juvenile                                      |
| Mental Health Services:   | ·                                                                                                                                                                                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                           |
|                           | Mental Health                                                                                                                                                                                           | utpatient Therapy including Group Sessions-Mental Health; Outpat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ient Therapy including F                                                                                                        | amily Sessions-                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                           |

| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adulto-psychosocial); Co-Occurring |               |     |
|                     |                                     | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>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: |                                                                                                    | raluations; Adult Non-Residential Services Outpatient - Groups; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                             |                                                              |                                      |
| Mental Health Services:   | Crisis Stabilization; Outpatient Therapy; Pre-Trea                                                 | atment Assessment (bio-psychosocial); Co-Occurring                                                                                                                                    |                                                              |                                      |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                       |                                                              |                                      |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                       |                                                              |                                      |
| Bendy, Laurie             |                                                                                                    | 11840 Nicholas Street, Suite 200 Omaha NB 68154                                                                                                                                       | (402)807-2569                                                |                                      |
| Substance Abuse Services: |                                                                                                    | raluations; Adult Non-Residential Services Outpatient - Groups; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ                                             |                                                              | ces Outpatient -                     |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                      |                                                              |                                      |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S   |                                                                                                                                                                                       | ; Adult Non-Residential Secretion Services Intervention/Educ | ervices Outpatie<br>cation; Juvenile |
|                           | Therapy - Co-occurring; Assessment: Co-Occurri                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpa<br>ing                                                                                                               | atient Therapy - Eating Dis                                  | sorder; Outpatier                    |
| Other Services:           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                       |                                                              |                                      |
| Birkland, Jordan          | Capstone Behavioral Health                                                                         | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                | (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:           | Sliding Fee Scale; Hearing Impaired;                                                               |                                                                                                                                                                                       |                                                              |                                      |
| Boryca, Kenneth           | Nebraska Urban Indian Health Inc                                                                   | 2240 Landon Court Omaha NB 68102                                                                                                                                                      | (402)346-0902                                                |                                      |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individual<br>Services Intensive Outpatient Treatment |                                                              |                                      |
| Mental Health Services:   |                                                                                                    |                                                                                                                                                                                       |                                                              |                                      |
| Juvenile Services:        |                                                                                                    |                                                                                                                                                                                       |                                                              |                                      |
| Other Services.           | Sliding Fee Scale;                                                                                 |                                                                                                                                                                                       |                                                              |                                      |

| Name                                               | Agency                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                  | Phone                                         | Fax                   |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|
| Bruce, Ramanda                                     | Aspirations Counseling                                                                                                                                                                                        | 1941 S 42nd St Suite 528 Omaha NB 68105                                                                                                                                                                                                                                                                                  | (402)880-5253                                 |                       |
| Substance Abuse Services:                          | Maintenance; Adult Non-Residential Services Pa                                                                                                                                                                | aluations; Adult Non-Residential Services Intervention/Education; Adrial Care; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr                                                                                                         | Non-Residential Se                            |                       |
| Mental Health Services:<br>Juvenile Services:      | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                         |                                               |                       |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                               |                       |
| 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<br>Services Intensive Outpatient Treatment; Juvenile<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Co-Occurring<br>e Assessment Services Substance Abuse Evaluations; Juvenile Non-<br>Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | g Treatment; Adult N<br>-Residential Service: | Ion-Residential<br>s  |
| Juvenile Services:                                 | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                             | utpatient Therapy including Group Sessions-Mental Health; Outpatier<br>g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A                                                                                                                                                                             |                                               |                       |
| Cave, Korina                                       | Lutheran Family Services of NE Inc                                                                                                                                                                            | 1420 E Military Ave Fremont NB 68025                                                                                                                                                                                                                                                                                     | (402)721-1774                                 | (402)721-9689         |
|                                                    | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur                                                                                                                                                                            | ult Non-Residential                           | Services Outpatient - |
| Mental Health Services:<br>Juvenile Services:      | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                  | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                         |                                               |                       |
|                                                    | 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<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Reside<br>Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm                                | ing Treatment; Juve<br>ntial Services Outpa   | nile Assessment       |
| Juvenile Services:                                 | • ,                                                                                                                                                                                                           | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych                                                                                                                                                                                                                                                       | osocial); Co-Occurri                          | ng                    |
| 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                                      |
| Substance Abuse Services:                                                   |                                                                                                                                                                                                           | valuations; Adult Residential Services Dual Residential (MH/S                                                                                                                                                                                                                                                                 | A); Adult Residential Service                                                               | s Extended                                         |
| Mental Health Services:                                                     | Residential; Adult Residential Services Short Ter<br>Pre-Treatment Assessment (bio-psychosocial); C                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                    |
| Juvenile Services:                                                          | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                   | 5                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                    |
| 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 Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil<br>Juvenile Non-Residential Services Intensive Out | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv<br>vices Substance Abuse Evaluations; Juvenile Non-Residential<br>ile Non-Residential Services Outpatient - Family; Juvenile Nor<br>patient Treatment                                        | idual; Adult Non-Residential<br>I Services Intervention/Educa                               | Services Intensive ation; Juvenile Non-            |
|                                                                             |                                                                                                                                                                                                           | eatment: Day Reporting; Non-Treatment: Anger Management                                                                                                                                                                                                                                                                       | Class; Non-Treatment: Gene                                                                  | eral Education Class                               |
| Oth an Camilana                                                             | Non-Treatment: Employment Placement Program                                                                                                                                                               | n; Non-Treatment: Family Partner                                                                                                                                                                                                                                                                                              |                                                                                             |                                                    |
| 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;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                    |
| Dirks, Tamara                                                               | Nebraska Urban Indian Health Inc                                                                                                                                                                          | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                                                                              | (402)346-0902                                                                               | (402)342-5290                                      |
| Substance Abuse Services:                                                   | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Adult Residential Services<br>Residential Services Intervention/Education; Juv                                                   | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indiv<br>s Short Term Residential; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Groups; Juvenile<br>adividual; Juvenile Non-Residential Services Intensive Outpati | idual; Adult Non-Residential<br>stance Abuse Evaluations; Ju<br>Non-Residential Services Ou | Services Intensive Ivenile Non-Itpatient - Family; |
| Mental Health Services:                                                     |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                    |
|                                                                             |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                    |
| Juvenile Services:                                                          |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                    |
| Juvenile Services:                                                          | Sliding Fee Scale;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                    |
| Juvenile Services:<br>Other Services:<br>Gaines, Denise                     | Carole's House of Hope                                                                                                                                                                                    | 7815 Harney St Omaha NB 68114                                                                                                                                                                                                                                                                                                 | (402)991-4673                                                                               | (402)596-1768                                      |
| Juvenile Services:<br>Other Services:<br>Gaines, Denise                     | Carole's House of Hope  Adult Assessment Services Substance Abuse Ex                                                                                                                                      | 7815 Harney St Omaha NB 68114 valuations; Adult Non-Residential Services Intervention/Educa ent - Individual; Adult Non-Residential Services Outpatient - Co                                                                                                                                                                  | tion; Adult Non-Residential S                                                               | · /                                                |
| Juvenile Services: Other Services: Gaines, Denise Substance Abuse Services: | Carole's House of Hope  Adult Assessment Services Substance Abuse Ex                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Individual; Adult Non-Residential Services Outpatient - Co                                                                                                                                                                                             | tion; Adult Non-Residential S                                                               | · ,                                                |

| Name                                              | Agency                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                  | Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| George, Timothy                                   | Adjudicated Youth Services                                                                                                                                                                                                                             | 1446 S 11th St Omaha NB 68108                                                                                                                                                                                                                                                                                                                             | (402)812-6849                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Substance Abuse Services: Mental Health Services: | New Treatment Family Connect Western New Tre                                                                                                                                                                                                           | atmosts Tanakas (Europt Pourles Counts). New Tanakas et Counts                                                                                                                                                                                                                                                                                            | and Ministrations Non-Tr                                               | and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th |
|                                                   |                                                                                                                                                                                                                                                        | eatment: Tracker (Except Douglas County); Non-Treatment: Supervis<br>on-Treatment: Anger Management Class; Non-Treatment: General I<br>t: Family Partner                                                                                                                                                                                                  |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Good, Katie                                       | Lutheran Family Services of NE Inc                                                                                                                                                                                                                     | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                                                                                                             | (402)595-1338                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Substance Abuse Services:                         |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           | (10-)000 1000                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mental Health Services:                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                   | Outpatient Therapy - Individual-Mental Health; Or<br>Mental Health; Outpatient Therapy - Youth Who                                                                                                                                                     | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm                                                                                                                                                                                                                                                                       | ent Therapy including                                                  | Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Other Services:                                   | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                      | ervices;                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Gregory, Nichole                                  |                                                                                                                                                                                                                                                        | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                               | (402)720-1621                                                          | (402)753-6445                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Substance Abuse Services:                         | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Aont - Family; Adult Non-Residential Services Outpatient - Individual; Actives Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment                                                          | Adult Non-Residential<br>es Intervention/Educ                          | Services Intensive ation; Juvenile Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Mental Health Services:                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                   | Non-Treatment: General Education Class                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other Services:                                   | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hall, John                                        | Complete Family Treatment Services                                                                                                                                                                                                                     | 10846 John Galt Blvd Omaha NB 68137                                                                                                                                                                                                                                                                                                                       | (402)325-1290                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                   | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;<br>Juvenile Non-Residential Services Outpatient - In<br>Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurrices | Adult Non-Residential<br>ces Substance Abus<br>on-Residential Servic   | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                           | , , ,                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Juvenile Services:                                |                                                                                                                                                                                                                                                        | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment                                                                                                                                                                                                                      |                                                                        | Family Sessions-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Other Services:                                   | Sliding Fee Scale;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hatcher, Julie                                    | Alegent Health                                                                                                                                                                                                                                         | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130                                                                                                                                                                                                                                                                                                         | (402)758-5884                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Juvenile Services:                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outpatient Therapy including Family Sessions-Mental Health; Ouccurring; Therapeutic Group Home-Co-Occurring; Assessment: P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |
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| Juvenile Services:                                               | Non-Treatment: Family Support Worker; Non-T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | reatment: Day Reporting; 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| Other Services:                                                  | Bilingual Services;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Substance Abuse Services:                                        | Adult Residential Services Therapeutic Commu<br>Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | unity; 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| Mental Health Services:                                          | Pre-Treatment Assessment (bio-psychosocial);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ; 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| Juvenile Services:                                               | Psychiatric Residential Treatment Facility; Asso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | essment: Pre-Treatment Assessment (Medicaid); 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| Hunter, Linda                                                    | Northeast Nebraska Psychological Services, PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Mental Health Services:                                          | Outpatient Therapy; Juvenile Pre-Treatment As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ssessment (PTA); 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| Other Services:<br>Johnson, Jill                                 | Assessment: Mental Status Exam (MSE); Asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Johnson, Jill                                                    | Assessment: Mental Status Exam (MSE); Assessing Fee Scale; Associates in Counseling & Treatment Adult Assessment Services Substance Abuse & Family; Adult Non-Residential Services Outpation Services Intensive Outpatient Treatment; Juver Intervention/Education; Juvenile Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | essment: Psychological Evaluation; Assessment: Juvenile Who So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)261-6667  Adult Non-Residential Seducurring Treatment; Adult Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fami | sment (Medicaid);<br>ment  (402)261-6526  rvices Outpatient -<br>t Non-Residential<br>s venile Non-Residenti                                              |
| Johnson, Jill<br>Substance Abuse Services:                       | Assessment: Mental Status Exam (MSE); Assessing Fee Scale; Associates in Counseling & Treatment Adult Assessment Services Substance Abuse & Family; Adult Non-Residential Services Outpatiservices Intensive Outpatient Treatment; Juver Intervention/Education; Juvenile Non-Residenti Services Outpatient - Individual; Juvenile Non-Feedback (MSE); Assessment Services Outpatient - Individual; Juvenile Non-Feedback (MSE); Assessment Services Outpatient - Individual; Juvenile Non-Feedback (MSE); Assessment: Assessment: Assessment: Assessment: Assessment: Assessment: Assessment: Assessment Services Substance Abuse (MSE); Assessment: Assessment Services Substance Abuse (MSE); Assessment: Assessment Services Substance Abuse (MSE); Assessment: Assessment Services Substance Abuse (MSE); Assessment: Assessment Services Substance Abuse (MSE); Assessment: Assessment Services Substance Abuse (MSE); Assessment: Assessment Services Substance Abuse (MSE); 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Assessment: Juvenile Who Section 1985 Adult Non-Residential Services Outpatient - Groups; ient - Individual; Adult Non-Residential Services Outpatient - Co-Onile Assessment Services Substance Abuse Evaluations; Juvenile ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occ | (402)261-6667  Adult Non-Residential Seducurring Treatment; Adult Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family; Jude Non-Residential Service ses Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Fami | sment (Medicaid);<br>ment (402)261-6526<br>rvices Outpatient -<br>t Non-Residential<br>s<br>venile Non-Residenti                                          |
| Johnson, Jill Substance Abuse Services:  Mental Health Services: | Assessment: Mental Status Exam (MSE); Assessing Fee Scale;  Associates in Counseling & Treatment  Adult Assessment Services Substance Abuse Beamily; Adult Non-Residential Services Outpating Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Boutpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Co-occurrices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 600 North Cotner, Ste.119 Lincoln NB 68505  Evaluations; Assessment: Juvenile Who Section 1985 Adult Non-Residential Services Outpatient - Groups; ient - Individual; Adult Non-Residential Services Outpatient - Co-Onile Assessment Services Substance Abuse Evaluations; Juvenile ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occ | (402)261-6667  Adult Non-Residential Se Decurring Treatment; Adult Non-Residential Service tes Outpatient - Family; Juile Non-Residential Service tpatient Therapy including tealth; Intensive Outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sment (Medicaid); ment  (402)261-6526  rvices Outpatient - t Non-Residential s venile Non-Residenti es Intensive  Family Sessions- : Intensive Outpatient |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Mental Health Services:

| Name                      | Agency                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                      | Fax                                                                                 |  |  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|
| Johnson, Kathleen         | Capstone Behavioral Health                                                                                                                                                                               | 1941 South 42nd Street Suite 328 Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)614-8444                                                                              | (402)614-8443                                                                       |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                     |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                           | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                     |  |  |
|                           | (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: 0                                                                                                                                                           | n-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                                                                       |  |  |
| Juvenile Services:        | •                                                                                                                                                                                                        | Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            | ,                                                                                   |  |  |
|                           | Stephen Center                                                                                                                                                                                           | 5217 S 28th St. Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)715-5459                                                                              | (402)715-5452                                                                       |  |  |
| Koch, Lori                | ·                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ,                                                                                        | . ,                                                                                 |  |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Eenile Assessment Services Substance Abuse Evaluations; Juvenile Intent - Groups; Juvenile Non-Residential Services Outpatient - Famil 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Tr | dult Non-Residential<br>Dual Residential (MH<br>Non-Residential Ser<br>y; Juvenile Non-Res | Services Outpatient -<br>I/SA); Adult<br>vices Care Monitoring<br>idential Services |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                                                                                                                           | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                     |  |  |
|                           |                                                                                                                                                                                                          | patient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                     |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                     |  |  |
| Konen, Michele            | Transition Recovery Center Evaluations                                                                                                                                                                   | 13302 Millard Ave Suite 104 Omaha NB 68137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)813-3605                                                                              |                                                                                     |  |  |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Juvenile Assessment Service                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redidividual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Family; Adult Non-Reces Intervention/Educ                                                  | esidential Services cation; Juvenile Non-                                           |  |  |

| Name                      | Agency                                                                                           | Address                                                                                                                                                                                                                                                     | Phone                 | Fax                |
|---------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| 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: | Adult Non-Residential Services Outpatient - Fami                                                 | aluations; Adult Non-Residential Services Partial Care; Adult Non-Re<br>ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-<br>rices Intensive Outpatient Treatment; Adult Residential Services Dual<br>Services Short Term Residential | -Residential Services | Outpatient - Co-   |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                     |                                                                                                                                                                                                                                                             |                       |                    |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                             |                       |                    |
| Lembke, Brenda            |                                                                                                  | 2170 N Platte Ave Fremont NB 68025                                                                                                                                                                                                                          | (402)753-7556         |                    |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient T idential Services Intervention/Education; Juvenile Non-Residential Services Intensive Outpatient Treatment      | reatment; Juvenile A  | ssessment Services |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                             |                       |                    |
| Martinez , Lesly          | Pathfinder Support Services                                                                      | 212 East 8 Street Fremont NB 68025                                                                                                                                                                                                                          | (402)721-1414         | (402)721-9251      |
| Substance Abuse Services: |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| Mental Health Services:   |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| Juvenile Services:        | Out-Of-Home: Independent Living; Non-Treatmer                                                    | nt: Family Support Worker; Non-Treatment: Day Reporting; Non-Trea                                                                                                                                                                                           | tment: Evening Repo   | orting             |
| Other Services:           | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                             |                       |                    |
| Mcclure, Gina             | Halo Counseling Center                                                                           | 8998 L St Suite 110 Omaha NB 68127                                                                                                                                                                                                                          | (402)881-0771         |                    |
| Substance Abuse Services: |                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                  |                       | •                  |
| Mental Health Services:   | Outpatient Treatment                                                                             |                                                                                                                                                                                                                                                             |                       |                    |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                             |                       |                    |
| 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; Ades Outpatient - Family; Adult Non-Residential Services Outpatient - Ir                                                                                                                  |                       |                    |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                            |                       |                    |
| Juvenile Services:        | * *                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                       |                       |                    |

| Name                                          | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                | Phone                                       | Fax                                     |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                        |                                             |                                         |
| Neve, Robert                                  | The Clearview Center, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4913 Underwood Ave Omaha NB 68132                                                                                                                                                                                                                                                      | (402)612-2516                               | (402)614-5447                           |
| Substance Abuse Services:                     | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | aluations; Adult Non-Residential Services Intervention/Education; Adies Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se                                                                         | amily; Adult Non-Re                         | sidential Services                      |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                     |                                             |                                         |
| 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri<br>Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver<br>dential Services Out | nile Assessment                         |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                       |                                             |                                         |
| Juvenile Services:                            | Outpatient Therapy - Individual-Mental Health; O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                              |                                             |                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                        |                                             |                                         |
| Petersen, Chandra                             | Choices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1654 Washington Blair NB 68008                                                                                                                                                                                                                                                         | (402)533-3680                               | (402)478-5047                           |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                  | dult Non-Residential rices Intervention/Ed  | Services Outpatient - ucation; Juvenile |
|                                               | Outpatient Therapy - Individual-Mental Health; Ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment                                                                                                                                                  |                                             |                                         |
| Other Services:                               | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ervices;                                                                                                                                                                                                                                                                               |                                             |                                         |
| Prince, Reginald                              | Serenity Matters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111                                                                                                                                                                                                                                    | (402)830-3890                               | (402)212-0282                           |
|                                               | Groups; Adult Non-Residential Services Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Ser<br>Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family - Family | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual                                                    | venile Assessment                           | Services Substance                      |
|                                               | Outpatient Therapy; Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                        |                                             |                                         |
|                                               | Non-Treatment: Anger Management Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                        |                                             |                                         |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                        |                                             |                                         |

| Name                      | Agency                                                                                                                                                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                                                                                                      | Fax                                                                       |
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| Rezac, Jacqueline         | Capstone Behavioral Health                                                                                                                                                                           | 230 E 22nd St Suite 4 Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)350-3267                                                                                                                              |                                                                           |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic<br>Outpatient - Individual; Adult Non-Residential Se<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residenti | valuations; Adult Non-Residential Services Intervention/Edu<br>es Outpatient - Groups; Adult Non-Residential Services Ou<br>rvices Outpatient - Co-Occurring Treatment; Adult Non-Res<br>e Evaluations; Juvenile Non-Residential Services Interventical<br>al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Tenile Non-Residential Services | tpatient - Family; Adult Non-Resi<br>sidential Services Intensive Outpon/Education; Juvenile Non-Resi<br>Services Outpatient - Family; Juv | idential Services<br>atient Treatment;<br>dential Services<br>venile Non- |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                         | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                           |
|                           | (Medicaid)                                                                                                                                                                                           | utpatient Therapy including Family Sessions-Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r; Assessment: Pre-Treatment As                                                                                                            | ssessment                                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                                                                            | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)753-9415                                                                                                                              |                                                                           |
| Substance Abuse Services: |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| Mental Health Services:   |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                                                                                       | onflict Mediation; Non-Treatment: Expedited Family Group (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Conference                                                                                                                                 |                                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| Rojas, Virgen             | Lutheran Family Services of NE Inc                                                                                                                                                                   | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)721-1774                                                                                                                              |                                                                           |
| Substance Abuse Services: |                                                                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Edutient - Co-Occurring Treatment; Adult Non-Residential Serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                           |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| Juvenile Services:        |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
| 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 Outpatic<br>Co-Occurring Treatment; Adult Non-Residential<br>Non-Residential Services Intervention/Education                                                  | valuations; Adult Non-Residential Services Intervention/Edu<br>ent - Family; Adult Non-Residential Services Outpatient - Int<br>Services Intensive Outpatient Treatment; Juvenile Assessm<br>; Juvenile Non-Residential Services Outpatient - Groups; Jundividual; Juvenile Non-Residential Services Outpatient - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | dividual; Adult Non-Residential S<br>nent Services Substance Abuse I<br>uvenile Non-Residential Services                                   | ervices Outpatient<br>Evaluations; Juvenil<br>Outpatient - Famil          |
|                           | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |
|                           | Services Intensive Outpatient Treatment                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                           |

| 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 Outpatier                                                 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | vices Outpatient -                      |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
|                           | Co-Occurring                                                                                     | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nt Therapy - Co-occu                       | rring; Assessment:                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Scott, Judi               | Buoyant Family Services Counseling and Consulting LLC                                            | The Center-Suite 106 1941 S 42nd St Omaha NB 68105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (402)933-7577                              |                                         |
| Substance Abuse Services: |                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - Individual; Advantage - |                                            |                                         |
| Mental Health Services:   | •                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Other Services:           | Bilingual Services;                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Segoviano, Jessica        | Infinite Avenues Counseling                                                                      | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)301-6813                              |                                         |
| Substance Abuse Services: |                                                                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                         |
| Mental Health Services:   | Calpanetti Traument                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Juvenile Services:        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Other Services:           | Sliding Fee Scale;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |
| Sorensen, Rachel          |                                                                                                  | 2170 North Platte Ave Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (402)720-3992                              | (402)753-6445                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services:   |                                                                                                  | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent Assessment (bio-                       | psychosocial); Co-                      |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                  | atient Therapy - Individual-Mental Health; Outpatient Therapy includin<br>ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap<br>nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y - Co-occurring; Int                      | ensive Outpatient:                      |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                         |

| Name                      | Agency                                                                                                | Address                                                                                                                                                                                                                                                               | Phone                                         | Fax                                     |
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| Stein, Daniela            | Lutheran Family Services of NE Inc                                                                    | 120 S 24th St Ste 100 Omaha NB 68102                                                                                                                                                                                                                                  | (402)978-5604                                 |                                         |
| Substance Abuse Services: |                                                                                                       | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                         |                                               |                                         |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                          |                                                                                                                                                                                                                                                                       |                                               |                                         |
| 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<br>Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adu<br>sive Outpatient Treatment; Juvenile Assessment Services Substance<br>ile Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | e Abuse Evaluations;                          | Juvenile Non-                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Youth Who     | utpatient Therapy including Group Sessions-Mental Health; Outpation Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpated Assessment (Medicaid); Assessment: Mental Status Exam (MSE);                                                                 | ent Therapy including tient: Intensive Outpar | Family Sessions-<br>tient Therapy-Youth |
| Other Services:           | Sliding Fee Scale;                                                                                    | accession, rescention of cocaning                                                                                                                                                                                                                                     |                                               |                                         |
| Sutton, Sherry            | Nebraska Urban Indian Health Inc                                                                      | 2240 Landon Court Omaha NB 68102                                                                                                                                                                                                                                      | (402)346-0902                                 | (402)342-5290                           |
| Substance Abuse Services: |                                                                                                       | valuations; Adult Non-Residential Services Intervention/Education; A<br>ent - Family; Adult Non-Residential Services Outpatient - Individual;                                                                                                                         |                                               | •                                       |
| Mental Health Services:   | Co-Occurring Treatment, Adult Non-Residential S                                                       | Services intensive Outpatient Treatment                                                                                                                                                                                                                               |                                               |                                         |
| Juvenile Services:        |                                                                                                       |                                                                                                                                                                                                                                                                       |                                               |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                       |                                               |                                         |
| Tuttle, Paige             | Lutheran Family Services of NE Inc                                                                    | 11807 Q Street Omaha NB 68137                                                                                                                                                                                                                                         | (402)595-1338                                 |                                         |
| Substance Abuse Services: |                                                                                                       |                                                                                                                                                                                                                                                                       |                                               |                                         |
| Mental Health Services:   |                                                                                                       |                                                                                                                                                                                                                                                                       |                                               |                                         |
|                           | Mental Health                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpation                                                                                                                                                                                                   | ent Therapy including                         | Family Sessions-                        |
| Other Services:           | Sliding Fee Scale;                                                                                    |                                                                                                                                                                                                                                                                       |                                               |                                         |
| Tvrdik, Gregory           |                                                                                                       | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114                                                                                                                                                                                                                   | (402)885-7932                                 | (402)281-0665                           |
| Substance Abuse Services: |                                                                                                       | valuations; Adult Non-Residential Services Outpatient - Family; Adultient - Co-Occurring Treatment; Adult Non-Residential Services Inte                                                                                                                               |                                               |                                         |
|                           |                                                                                                       | nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occu                                                                                                                                                                                                        | J                                             |                                         |
|                           |                                                                                                       | eatient Therapy - Individual-Mental Health; Outpatient Therapy - 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                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education;<br>ent - Family; Adult Non-Residential Services Outpatient - Individua<br>Services Intensive Outpatient Treatment; Adult Residential Service                                                                                                                                                                                                                                                                                       | l; Adult Non-Residentia                                                                                                               | l Services Outpatient -                                                                                |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                                                                        |
| Juvenile Services:                            |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Barritt, Samantha                             | Behavioral Health Specialist/Seekers of<br>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-Re SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Oc Residential Services Dual Residential (MH/SA); Adult Residential Sions; Juvenile Non-Residential Services Intervention/Education; Juverices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile | It Non-Residential Servi<br>curring Treatment; Adul<br>Services Short Term Re<br>uvenile Non-Residential<br>spatient - Family; Juveni | ices Outpatient -<br>It Non-Residential<br>sidential; Juvenile<br>Services Care<br>ile Non-Residential |
| Mental Health Services:                       | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                                                                        |
| Juvenile Services:                            | Outpatient Therapy including Family Sessions-M                                                                                                                                                                                               | patient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy-Co-occurring; Ass                                                                                                                                                                                                                                                                                                     | erapy - Co-occurring; Ir                                                                                                              | ntensive Outpatient:                                                                                   |
| Other Services:                               | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Becher, Deborah                               | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                             | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)564-9994                                                                                                                         | (402)562-6458                                                                                          |
| Substance Abuse Services:                     | Adult Non-Residential Services Outpatient - Grou                                                                                                                                                                                             | ssessment Services Substance Abuse Evaluations; Adult Non-Re<br>ups; Adult Non-Residential Services Outpatient - Family; Adult No<br>ient Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                | n-Residential Services                                                                                                                |                                                                                                        |
| Mental Health Services:                       |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Juvenile Services:                            |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Other Services:                               | Sliding Fee Scale;                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Brown, Nicholas                               | Heartland Counseling Services, Inc.                                                                                                                                                                                                          | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 (402)494-3337                                                                                                                       | (402)494-3356                                                                                          |
| Substance Abuse Services:                     | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                                                              | valuations; Adult Non-Residential Services Intervention/Education<br>ees Outpatient - Groups; Adult Non-Residential Services Outpatien<br>ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia                                                                                                                                                                                                                                                                                           | t - Family; Adult Non-Re                                                                                                              | esidential Services                                                                                    |
|                                               |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                        |
| Mental Health Services:<br>Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                                                                        |

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| Name                      | Agency                                                                                                  | Address                                                                                                                                                                                                                                                                                                                         | Phone                                      | Fax                                         |
| Camacho, Diana            | Good Life Counseling & Support                                                                          | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                         | (402)371-3044                              |                                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien                                                        | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>it - Individual; Juvenile Assessment Services Substance Abuse Evalu<br>Services Outpatient - Family; Juvenile Non-Residential Services Out                                                                                                              | ations; Juvenile No                        |                                             |
| Mental Health Services:   |                                                                                                         |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |
| Juvenile Services:        | Non-Treatment: Family Support Worker                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |
| Other Services:           | Bilingual Services;                                                                                     |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |
| Cattau, Jeanne            | Apex Therapy Service                                                                                    | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                    | (402)851-4026                              | (402)379-2487                               |
| Substance Abuse Services: |                                                                                                         |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment (                                                          | (bio-psychosocial)                                                                                                                                                                                                                                                                                                              |                                            |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental I        | utpatient Therapy including Family Sessions-Mental Health; Outpatier<br>Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessi                                                                                                                                                                                        | nt Therapy - Eating<br>ment: Mental Status | Disorder; Intensive<br>Exam (MSE)           |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |
| Frank, Abigail            | Heartland Counseling Services, Inc.                                                                     | 221 West Douglas St O'Neill NB 68763                                                                                                                                                                                                                                                                                            | (402)336-2800                              | (402)336-2849                               |
|                           | Groups; Adult Non-Residential Services Outpatier<br>Co-Occurring Treatment; Juvenile Assessment Science |                                                                                                                                                                                                                                                                                                                                 | dult Non-Residential vices Intervention/Ed | Services Outpatient -<br>ducation; Juvenile |
|                           |                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                             | t Therapy including                        | Family Sessions-                            |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                  | , · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                         |                                            |                                             |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                        | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                            | (402)564-9994                              | (402)562-6458                               |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien<br>Services Intensive Outpatient Treatment; Adult Ro   | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ing Treatment; Adul<br>Services Substance  | t Non-Residential<br>Abuse Evaluations;     |
| Mental Health Services:   |                                                                                                         |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                            | nt Therapy - Co-occ                        | urring; Assessment:                         |
| Other Services:           | Sliding Fee Scale;                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                            |                                             |

| Name                      | Agency                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                        | Fax                                     |
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| Gregory, Nichole          |                                                                                                     | 2170 North Platte Ave Fremont NB 68025-2630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)720-1621                                | (402)753-6445                           |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv   | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - | dult Non-Residential es Intervention/Educ    | Services Intensive ation; Juvenile Non- |
| Mental Health Services:   |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Juvenile Services:        | Non-Treatment: General Education Class                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Grothe, Maria             | 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:        | Community Treatment Aide                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Other Services:           | 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<br>Outpatient Treatment; Adult Residential Services |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dult Non-Residential<br>Abuse Evaluations; J | Services Intensive uvenile Non-         |
|                           | Outpatient Therapy - Individual-Mental Health; O                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                         |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Hunter, Linda             | Northeast Nebraska Psychological<br>Services, PC                                                    | 408 N Oakland Ave Oakland NB 68045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (402)685-4130                                | (402)685-4132                           |
| Substance Abuse Services: |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                     | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psyc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | chological Evaluation                        |                                         |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Youth Who                                                       | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: F<br>sment: Psychological Evaluation; Assessment: Juvenile Who Sexual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pre-Treatment Asses                          | sment (Medicaid);                       |
| Other Services:           | Sliding Fee Scale;                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                         |

| Name                                               | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone                                                                                                              | Fax                                                                                                                   |
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|                                                    | 3 ,                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Johnson, Jill                                      | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (402)481-5392                                                                                                      |                                                                                                                       |
| Substance Abuse Services:                          | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resourring Treatment; Adult Non-Residential Services Intensive Outpatrices Short Term Residential; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | esidential Services (<br>ient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services O<br>g Treatment; Juveni | Outpatient - Individual;<br>Ilt Residential Service<br>ns; Juvenile Non-<br>utpatient - Family;<br>Ie Non-Residential |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Other Services:                                    | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Kennedy, Jenna                                     | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                                                                                   | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)370-3140                                                                                                      |                                                                                                                       |
| Substance Abuse Services:  Mental Health Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie                                                                                                                                                              | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpati                                                                                                                                                                                                         | esidential Services (<br>venile Assessment (                                                                       | Outpatient - Individual;<br>Services Substance                                                                        |
| Juvenile Services:                                 | Non-Treatment: Anger Management Class                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Other Services:                                    | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                  | ervices;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                       |
| Kollmar, Judy                                      | Oasis Counseling International                                                                                                                                                                                                                                     | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)379-2030                                                                                                      | (402)379-3933                                                                                                         |
| Substance Abuse Services:                          |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Mental Health Services:                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
|                                                    | Non-Treatment: Family Support Worker; Commun                                                                                                                                                                                                                       | nity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                                                                       |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Krejci, Ann                                        | Stephen Center                                                                                                                                                                                                                                                     | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (402)715-5453                                                                                                      | (402)715-5452                                                                                                         |
|                                                    | Adult Non-Residential Services Outpatient - Fami<br>Occurring Treatment; Adult Non-Residential Serv<br>Services Extended Residential; Adult Residential                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Residential Services                                                                                               | S Outpatient - Co-                                                                                                    |
|                                                    | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                       | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                       |
| Juvenile Services:                                 |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |
| Other Services:                                    | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                       |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                    | Fax                                                                      |  |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--|
| Laffin, Emily             | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                            |                                                                          |  |  |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Assessment Services Substance Abuse<br>Care Monitoring SA/MH; Juvenile Non-Residentia | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                          |  |  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse                                                                                                                                                         | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O                                                                                                                                                                                                                                                                                                                                                                                               | ccurring                                                                 |                                                                          |  |  |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpatie                                                                                                                                                        | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment                                                                                                                                                                                                                                                | erapy - Co-occurring;                                                    | Intensive Outpatient:                                                    |  |  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                          |  |  |
| Loberg, Katie             | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                     | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                            |                                                                          |  |  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Intensive Outpatie<br>Abuse Evaluations; Juvenile Non-Residential Ser                                                | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | esidential Services Or<br>venile Assessment So<br>patient - Groups; Juve | utpatient - Individual;<br>ervices Substance<br>enile Non-Residential    |  |  |
| Mental Health Services:   | Outpatient Therapy; Co-Occurring                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                          |  |  |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                          |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                          |  |  |
| Mackling, Jamie           | Heartland Counseling Services, Inc.                                                                                                                                                                     | 917 W 21st St PO Box 355 South Sioux City NB 69887                                                                                                                                                                                                                                                                                                                                                                                                             | (402)494-3337                                                            | (402)494-3655                                                            |  |  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential S<br>Non-Residential Services Intervention/Education;                                                  | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                    | dult Non-Residential Ses Substance Abusen-Residential Service            | Services Outpatient -<br>Evaluations; Juvenile<br>s Outpatient - Family; |  |  |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                          |  |  |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                          |  |  |
| Other Services            | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                       | ervices:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                          |  |  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Intensive Outpatient Treatment

| Name                      | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                                                                                                                | Phone                                                                                       | Fax                                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| McCarthy, Kim             | 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                                                                                                                                                                | unity Treatment Aide                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                |
| Millard, Laurie           | Good Life Counseling & Support                                                                                                                                                                             | 200 N 34th PO Box 2315 Norfolk NB 68702                                                                                                                                                                                                                                                                                                                                                                                | (402)371-3044                                                                               | (402)371-9643                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                               | (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                                |
| daverme dervices.         | Supervised Visitation; Non-Treatment: Day Repo<br>Education Class; Outpatient Therapy - Individual<br>Family Sessions-Mental Health; Outpatient Thera<br>Health; Intensive Outpatient: Intensive Outpatien | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive orting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mal-Mental Health; Outpatient Therapy including Group Sessions-Menta apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy: Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; No<br>I Health; Outpatient<br>ent: Intensive Outpat<br>y-Co-occurring; Asse | in-Treatment: Gene<br>Therapy including<br>ient Therapy-Menta<br>essment: Pre- |
| Other Services:           | Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                |
| Oltmer, Cynthia           | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                        | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-0040                                                                               | (402)379-0759                                                                  |
| Substance Abuse Services: |                                                                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Aces Short Term Residential                                                                                                                                                                                                                                                 |                                                                                             |                                                                                |
| Mental Health Services:   | Co-occurring Treatment, Addit Residential Servi                                                                                                                                                            | ces Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                |
| 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: |                                                                                                                                                                                                            | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A                                                                                                                                                                                                                                                                           |                                                                                             | •                                                                              |
| Mental Health Services:   | Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                                                |
| Juvenile Services:        |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                |
| Petersen, Connie          | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                                                                                        | 923 E Norfolk Ave Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                               | (402)370-3373                                                                  |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family, Ad                                                                                                                                                           | ssessment Services Substance Abuse Evaluations; Adult Non-Resid-<br>dult Non-Residential Services Outpatient - Individual; Adult Non-Resid-<br>sive Outpatient Treatment; Adult Residential Services Short Term Re                                                                                                                                                                                                     | dential Services Outp<br>sidential; Juvenile A                                              | oatient - Co-Occurri<br>ssessment Service                                      |

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

| Name                      |                                                                                                                                              | A 110000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DI                                                                                   |                                                                  |
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| Name                      | Agency                                                                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                | Fax                                                              |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                 | (bio-psychosocial); Co-Occurring; Psychological Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                  |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                             | outpatient Therapy including Group Sessions-Mental Health; Oug; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur<br>(ISE); Assessment: Psychological Evaluation; Assessment: Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ring; Assessment: Pre-Tre                                                            |                                                                  |
| Other Services:           | Sliding Fee Scale;                                                                                                                           | ioc), Assessment. Esychological Evaluation, Assessment. Co-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Occurring                                                                            |                                                                  |
| Roberts, Kristine         | Nebraska Mediation Center                                                                                                                    | 435 N Park, 4th Floor Fremont NB 68025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)753-9415                                                                        |                                                                  |
| Substance Abuse Services: |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |
| Mental Health Services:   |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |
| Juvenile Services:        | Non-Treatment: Juvenile Offender/Victim and Co                                                                                               | onflict Mediation; Non-Treatment: Expedited Family Group Conf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | erence                                                                               |                                                                  |
| Other Services:           | Sliding Fee Scale; Bilingual Services;                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |
| Stermensky, Dr. Gage      |                                                                                                                                              | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (417)413-0085                                                                        | (308)832-4844                                                    |
|                           | Individual; Adult Non-Residential Services Intens<br>Residential Services Outpatient - Groups; Juveni                                        | valuations; Adult Non-Residential Services Outpatient - Groups;<br>sive Outpatient Treatment; Juvenile Assessment Services Subsile Non-Residential Services Outpatient - Individual<br>(bio-psychosocial); Co-Occurring; Adults who Sexually Harm E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tance Abuse Evaluations;                                                             | Juvenile Non-                                                    |
|                           |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , ,                                                                                |                                                                  |
| Juvernie Services.        | Mental Health; Outpatient Therapy - Youth Who                                                                                                | Putpatient Therapy including Group Sessions-Mental Health; Ou<br>Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O<br>It Assessment (Medicaid); Assessment: Mental Status Exam (M<br>Assessment; Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | utpatient: Intensive Outpat                                                          | tient Therapy-Youth                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |
| Stortvedt, Mark           | Oasis Counseling International                                                                                                               | 333 W Norfolk Ave Ste 201 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)379-2030                                                                        | (402)379-3933                                                    |
| Substance Abuse Services: |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Ass                                                                                               | essment (PTA); Pre-Treatment Assessment (bio-psychosocial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ; Adults who Sexually Harr                                                           | m Evaluation                                                     |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Community Treatment Aide; Asse                                            | outpatient Therapy including Group Sessions-Mental Health; Ouessment: Pre-Treatment Assessment (Medicaid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tpatient Therapy including                                                           | Family Sessions-                                                 |
| Other Services:           | Sliding Fee Scale;                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |
| Wagner, Alicia            | Behavioral Health Specialist/Seekers of<br>Serenity                                                                                          | 900 W Norfolk Ave Ste 200 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)370-3140                                                                        |                                                                  |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatic<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education             | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment; Juvenile Non-Residential Services Outpatient - Groups; Juverndividual; Juvenile Non-Residential Services Outpatient - Co-Outpatient ual; Adult Non-Residentia<br>Services Substance Abus<br>nile Non-Residential Servic | Services Outpatier<br>e Evaluations; Juve<br>es Outpatient - Fan |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                 | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                  |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Outpatient Therapy - Co-occurring<br>(Medicaid); Assessment: Co-Occurring | outpatient Therapy including Group Sessions-Mental Health; Oug; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tpatient Therapy including ring; Assessment: Pre-Tre                                 | Family Sessions-<br>atment Assessmen                             |
| Other Services:           | Sliding Fee Scale;                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                  |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual 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<br>Outpatient - Individual; Adult Non-Residential Ser<br>Juvenile Non-Residential Services Intervention/E                                                   | raluations; Adult Non-Residential Services Intervention/Education; Adves Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co                                                                                                                                                                                      | amily; Adult Non-Re<br>rvices Substance Ab<br>renile Non-Residenti                            | esidential Services<br>ouse Evaluations;<br>al Services Outpatient                                    |
| Mental Health Services:   | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring                                                                                                                                                   | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent Assessment (bio                                                                           | -psychosocial); Co-                                                                                   |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Non-                                                                                                                                                                 | Treatment: General Education Class; Outpatient Therapy - Individual-<br>ent Therapy including Family Sessions-Mental Health; Outpatient The<br>Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                       |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                                       |
| Woslager, Tammy           | 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<br>Adult Non-Residential Services Outpatient - Co-C<br>Short Term Residential; Juvenile Assessment Se<br>Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>Occurring Treatment; Adult Non-Residential Services Intensive Outpat<br>ervices Substance Abuse Evaluations; Juvenile Non-Residential Services<br>le Non-Residential Services Outpatient - Family; Juvenile Non-Reside<br>to-Occurring Treatment; Juvenile Non-Residential Services Intensive<br>to-Occurring Treatment; Juvenile Non-Residential Services Intensive<br>to-Occurring Treatment; | esidential Services (<br>ient Treatment; Adu<br>ces Intervention/Edu<br>ential Services Outpa | Outpatient - Individual;<br>It Residential Services<br>Ication; Juvenile Non-<br>atient - Individual; |
| Mental Health Services:   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                       |
| Juvenile Services:        | Outpatient Therapy including Family Sessions-Me                                                                                                                                                             | atient Therapy - Individual-Mental Health; Outpatient Therapy includir<br>ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient<br>t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Mo                                                                                                                                                                                                                                                                                                                          | : Intensive Outpatier                                                                         | nt Therapy-Mental                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                       |
| Yunker, Kimberley         | 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: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education;                                                                           | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring                                                                                                                                                                                   | dult Non-Residential<br>es Substance Abuson-<br>Residential Servic                            | Services Outpatient -<br>Evaluations; Juvenil                                                         |
| Mental Health Services:   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                       |
| Juvenile Services:        | Non-Treatment: General Education Class                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                       |

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| Name                      | Agency                                                                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                         | Fax                                         |
|---------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                         | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (308)224-3338                                 |                                             |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)                                                       | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Non-Treatment: Fan                            | nily Support Worker;                        |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)564-9994                                 | (402)562-6458                               |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                  | ssessment Services Substance Abuse Evaluations; Adult Non-Resid<br>ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                             |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Cox, Sally Marie          | South Central Behavioral Services                                                                 | 724 S Burlington Ave Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (402)463-7435                                 | (402)463-5686                               |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Adult Non-Residentia<br>es Intervention/Educ  | Services Intensive ation; Juvenile Non-     |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Juvenile Services:        |                                                                                                   | utpatient Therapy including Group Sessions-Mental Health; Outpatie<br>g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Hargis, Kirsten           | Pathfinder Support Services                                                                       | 620 N St Joseph Ave Suite 2 and 3. Hastings NB 68901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (402)460-9851                                 |                                             |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Juvenile Services:        | Non-Treatment: Family Support Worker; Non-Tre                                                     | eatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eatment: Family Part                          | ner                                         |
| Other Services:           | Bilingual Services;                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                             |
| Holeman, Krista           | Brodstone Memorial Hospital                                                                       | 520 E 10th St Superior NB 68978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)207-1542                                 | (402)207-1013                               |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S  | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - Individual; Adult - | Adult Non-Residentia<br>rvices Intervention/E | l Services Outpatient<br>ducation; Juvenile |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                      | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O                                                  | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt Therapy including                          | Family                                      |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Thrincluding Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment As (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name                      | Agency                                                                                                                                                                                                                                                              | Address                                                                                                                                                                                                                                                                                                                                          | Phone                                                                                                                          | Fax                                                                                                              |
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| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Corocurring Treatment; Adult Non-Residential Services Substance Abuse Evaluations; Juver Residential Services Intensive Outpatient - Groups; Adult Residential Services Intensive Outpatient - Family; Adult Residential Services Intensive Outpatient - Groups; Intensive Outpatient - Individual: Juvenile Assessment Services Substance Abuse Evaluations; Juver Residential Services Intensive Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Short Term Residential Services Sho |                           |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| 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 - Adult Non-Residential Services Outpatient - Co-Occurring Teament; Adult Reside Dual Residential Services Uptatient - Co-Occurring Teament; Adult Residential Services Outpatient - Groups; Advance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Juvenile Non-Residential Services Outpatient - Juvenile Non-Residential Services Outpatient - Juvenile Non-Residential Services Outpatient - Go-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Go-Occurring Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential Mental Health Services:  Juvenile Services:  Juvenile Services:  Juvenile Services:  Mental Health Services:  Other Services:  Other Services:  Other Services:  Other Services:  Sliding Fee Scale;  Patitz, Beverly  New Dimensions Counseling  Juvenile Pre-Treatment Sevaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services:  Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services:  Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring  Juvenile Services:  Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                 | Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                                                                                                                                                                                   | rvices;                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                  |
| Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Adult Non-Residential Services Outpatient - Adult Non-Residential Services Outpatient - Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Outpatient Services Outpatient Juvenile Non-Residential Services Outpatient Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring; Juvenile Non-Residential Services Short Term Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Short Term Residential Services Short Term Residential Services Partial Care; Juvenile Residential Services Short Term Residential Services Substance Abuse Services Bilingual Services; Dutential Services Substance Abuse Services Silingual Services; Description Services Substance Abuse Services Substance Abuse Services Silingual Services Substance Abuse Services Silingual Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Substance Abuse Service | Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                           | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                   | (402)481-5392                                                                                                                  |                                                                                                                  |
| Juvenile Services: Other Services: Bilingual Services;  Dones, James  Community Justice Center  PO Box 22746 Lincoln NB 68542  (402)429-1050  Substance Abuse Services: Mental Health Services: Other Services: Other Services: Sliding Fee Scale;  Patitz, Beverly  New Dimensions Counseling  223 East 14th, Suite 220 Hastings NB 68901  (402)519-0159  (402)4  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Other Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Co-Occurring Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-O<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In- | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-<br>occurring Treatment; Adult Non-Residential Services Intensive Outp<br>ices Short Term Residential; Juvenile Assessment Services Substantie Non-Residential Services Outpatient - Groups; Juvenile Non-Fedividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Residential Services of<br>patient Treatment; Adu<br>ance Abuse Evaluation<br>Residential Services O<br>ring Treatment; Juveni | Outpatient - Individu<br>ult Residential Serv<br>ns; Juvenile Non-<br>utpatient - Family;<br>ile Non-Residential |
| Other Services: 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;  Patitz, Beverly New Dimensions Counseling 223 East 14th, Suite 220 Hastings NB 68901 (402)519-0159 (402)4  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring)  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Co-Occurring Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mental Health 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: Sliding Fee Scale;  Patitz, Beverly  New Dimensions Counseling  223 East 14th, Suite 220 Hastings NB 68901  (402)519-0159  (402)42  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring)  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Co-Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Juvenile Services:        |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| Substance Abuse Services:  Mental Health Services: Outpatient Therapy Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class Other Services: Sliding Fee Scale;  Patitz, Beverly New Dimensions Counseling 223 East 14th, Suite 220 Hastings NB 68901 (402)519-0159 (402)4  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocurring  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Co-Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| Mental Health Services:  Juvenile Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Services:  Other Servic | lones, James              | Community Justice Center                                                                                                                                                                                                                                            | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                    | (402)429-1050                                                                                                                  |                                                                                                                  |
| Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class Other Services: Sliding Fee Scale;  Patitz, Beverly New Dimensions Counseling 223 East 14th, Suite 220 Hastings NB 68901 (402)519-0159 (402)4  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocurring)  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Substance Abuse Services: |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| Other Services: Sliding Fee Scale;  Patitz, Beverly  New Dimensions Counseling  223 East 14th, Suite 220 Hastings NB 68901  Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mental Health Services:   | Outpatient Therapy                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| Patitz, Beverly  New Dimensions Counseling  223 East 14th, Suite 220 Hastings NB 68901  Substance Abuse Services:  Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services:  Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocycurring  Juvenile Services:  Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Co-Occurring  Other Services:  Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Juvenile Services:        | Non-Treatment: Day Reporting; Non-Treatment: 0                                                                                                                                                                                                                      | General Education Class                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                  |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations  Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Thrincluding Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment As (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychos Occurring  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment: Co-Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Patitz, Beverly           | New Dimensions Counseling                                                                                                                                                                                                                                           | 223 East 14th, Suite 220 Hastings NB 68901                                                                                                                                                                                                                                                                                                       | (402)519-0159                                                                                                                  | (402)463-9169                                                                                                    |
| Occurring  Juvenile Services: Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment As (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring  Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                        | aluations; Juvenile Assessment Services Substance Abuse Evalua                                                                                                                                                                                                                                                                                   | tions                                                                                                                          |                                                                                                                  |
| including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment As (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                                                                                                                                                                     | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treati                                                                                                                                                                                                                                                                                | ment Assessment (bio                                                                                                           | -psychosocial); Co                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | including Family Sessions-Mental Health; Outpati<br>(Medicaid); Assessment: Mental Status Exam (MS                                                                                                                                                                  | ent Therapy - Eating Disorder; Outpatient Therapy - Co-occurring;                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                  |
| Course Dahler Mid Diging Contar for Dahayiard 620 N 49th Ct Suite 202 Lincoln ND 69504 (200)270 9645 (200)2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                                                  |
| Sawyer, Depby Mild-Plain's Center for Benavioral 620 N 48th St Suite 303 Lincoln NB 66504 (306)379-6615 (306)3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                                                                                                                                                                                  | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                         | (308)379-8615                                                                                                                  | (308)385-1105                                                                                                    |

Juvenile Services: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam

(INIOE)

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

| 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<br>Residential Services Outpatient - Groups; Juveni                                                                                                                                                                                                                                                                                                                                                                                                                                                      | raluations; Adult Non-Residential Services Outpatient - Groups; Adu<br>ive Outpatient Treatment; Juvenile Assessment Services Substance<br>le Non-Residential Services Outpatient - Individual | e Abuse Evaluations;                             | Juvenile Non-                             |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                              | ation; Psychological E                           | valuation                                 |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-<br>Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth<br>Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;<br>Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring |                                                                                                                                                                                                |                                                  |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                  |                                           |
| Weber, Kristi             | Weber Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 942 N 13th Geneva NB 68361                                                                                                                                                                     | (402)759-3802                                    | (402)759-3803                             |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | raluations; Adult Non-Residential Services Outpatient - Co-Occurring                                                                                                                           | g Treatment                                      |                                           |
| Mental Health Services:   | Outpatient Therapy; Medication Evaluation; Juve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                                                                                  | (bio-psychosocial)                               |                                           |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | utpatient Therapy including Family Sessions-Mental Health; Assess<br>Evaluation; Assessment: Mental Status Exam (MSE); Assessment: N                                                           |                                                  |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                  |                                           |
| White, Lisa               | Horizon Recovery & Counseling Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 835 S Burlington Ste 115 Hastings NB 68901                                                                                                                                                     | (308)383-1622                                    |                                           |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Adult Non-Residential<br>ervices Intervention/Ed | Services Outpatient<br>lucation; Juvenile |
|                           | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpation; Assessment: Co-Occurring                                                                                                  | ent Therapy including                            | Family Sessions-                          |

| Name                      | Agency                                                                                               | Address                                                                                                                                                                                                                                                                                                                                     | Phone                                        | Fax                                       |
|---------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| Andrews, Megan            | Boys Town                                                                                            | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                                                                                                                                                                                                  | (308)224-3338                                |                                           |
| Substance Abuse Services: |                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Juvenile Services:        | Out-Of-Home Shelter Care; Out-Of-Home: Foster Out-Of-Home: Foster Care (Relative/Kinship)            | r Care (Agency Supported); Out-Of-Home: Emergency Foster Care; N                                                                                                                                                                                                                                                                            | Non-Treatment: Fam                           | ily Support Worker;                       |
| Other Services:           | Bilingual Services;                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Becher, Deborah           | Behavioral Health Specialist/Seekers of<br>Serenity                                                  | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                        | (402)564-9994                                | (402)562-6458                             |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou                                                     | ssessment Services Substance Abuse Evaluations; Adult Non-Reside<br>ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re<br>ent Treatment; Adult Residential Services Short Term Residential                                                                                                                                |                                              |                                           |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Juvenile Services:        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| 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<br>Co-Occurring Treatment; Juvenile Non-Residentia   | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Family; Adult Non-Residential Services Outpatient - Individual; Adult Services Intervention/Education; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Res                                                    | dult Non-Residential<br>s Outpatient - Group | Services Outpatient -<br>s; Juvenile Non- |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                       | Co-Occurring                                                                                                                                                                                                                                                                                                                                |                                              |                                           |
| Juvenile Services:        | Assessment: Co-Occurring                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Grabowski, Karen          | Behavioral Health Specialist/Seekers of Serenity                                                     | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                                        | (402)564-9994                                | (402)562-6458                             |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Ad<br>nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr<br>esidential Services Dual Residential (MH/SA); Juvenile Assessment<br>amily; Juvenile Non-Residential Services Outpatient - Individual; Juve<br>al Services Intensive Outpatient Treatment | ing Treatment; Adult<br>Services Substance   | Non-Residential Abuse Evaluations;        |
| Mental Health Services:   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)             | utpatient Therapy including Family Sessions-Mental Health; Outpatien                                                                                                                                                                                                                                                                        | nt Therapy - Co-occ                          | urring; Assessment:                       |
| Other Services:           | Sliding Fee Scale;                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                              |                                           |

| Name                      | Agency                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                                                                                                 | Fax                                                                                                                |  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Hannappel, Mark           | Apex Therapy Service                                                                                                                                                                                                                                               | 1306 Andrews Drive Box 1163 Norfolk NB 68701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (402)851-4026                                                                                                         | (402)379-2487                                                                                                      |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Health; Intensive Outpatient: Intensive Outpatient<br>Pre-Treatment Assessment (Medicaid); Assessm<br>Harm Risk Assessment                                                                                      | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive ent: Mental Status Exam (MSE); Assessment: Psychological Evaluat                                                                                                                                                                                                                                                              | atient: Intensive Outp<br>Outpatient- Eating D                                                                        | eatient Therapy-Ment isorder; Assessment                                                                           |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Johnson, Jill             | Bryan Independence Center                                                                                                                                                                                                                                          | 1640 Lake St. Lincoln NB 68501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)481-5392                                                                                                         |                                                                                                                    |  |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou<br>Adult Non-Residential Services Outpatient - Co-C<br>Dual Residential (MH/SA); Adult Residential Serv<br>Residential Services Intervention/Education; Juve<br>Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reduction Treatment; Adult Non-Residential Services Intensive Outparices Short Term Residential; Juvenile Assessment Services Substanenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services                                                     | esidential Services C<br>tient Treatment; Adu<br>ce Abuse Evaluation<br>sidential Services Ou<br>g Treatment; Juvenil | Outpatient - Individual<br>It Residential Service<br>is; Juvenile Non-<br>utpatient - Family;<br>e Non-Residential |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Other Services:           | Bilingual Services;                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Jones, James              | Community Justice Center                                                                                                                                                                                                                                           | PO Box 22746 Lincoln NB 68542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (402)429-1050                                                                                                         |                                                                                                                    |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
|                           | Non-Treatment: Day Reporting; Non-Treatment:                                                                                                                                                                                                                       | General Education Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                    |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                    | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (417)413-0085                                                                                                         | (308)832-4844                                                                                                      |  |
|                           | Individual; Adult Non-Residential Services Intensi<br>Residential Services Outpatient - Groups; Juvenil                                                                                                                                                            | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance ale Non-Residential Services Outpatient - Individual                                                                                                                                                                                                                                                                                                                                                    | Abuse Evaluations; c                                                                                                  | luvenile Non-                                                                                                      |  |
|                           |                                                                                                                                                                                                                                                                    | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                    |  |
|                           | Mental Health; Outpatient Therapy - Youth Who S<br>Who Sexually Harm; Assessment: Pre-Treatment<br>Assessment: Juvenile Who Sexually Harm Risk A                                                                                                                   | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth ho Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring |                                                                                                                       |                                                                                                                    |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                    |  |

| Name                      | Agency                                                                                                               | Address                                                                                                                                                                                                                                                                                       | Phone                                                           | Fax                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| Stoll, Miranda            | Inner Reflections Counseling Center                                                                                  | 101 S. Chestnut, Suite 2 North Platte NB 69101                                                                                                                                                                                                                                                | (308)870-2630                                                   |                                          |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S                     | valuations; Adult Non-Residential Services Intervention/Educa<br>ent - Family; Adult Non-Residential Services Outpatient - Indivi-<br>Services Substance Abuse Evaluations; Juvenile Non-Residen<br>luvenile Non-Residential Services Outpatient - Family; Juvenile<br>Co-Occurring Treatment | idual; Adult Non-Residential Stitial Services Intervention/Educ | ervices Outpatient -<br>cation; Juvenile |
| Mental Health Services:   | •                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                 |                                          |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; C<br>Mental Health                                                    | Outpatient Therapy including Group Sessions-Mental Health; O                                                                                                                                                                                                                                  | utpatient 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                                                   |                                          |
| Substance Abuse Services: |                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Educa                                                                                                                                                                                                                                 | tion; Adult Non-Residential Se                                  | rvices Outpatient -                      |
| Mental Health Services:   | Groups; Adult Non-Residential Services Outpation Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Indivi                                                                                                                                                                                                                              | idual; Adult Non-Residential S                                  |                                          |

Selected Services: Bilingual Services; Hearing Impaired; No Voucher Acceptance; Sliding Fee Scale

| Name                      | Name Agency Address                             |                                                                                                                                                                     | Phone                             | Fax                 |
|---------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|
| Andrews, Megan            | Boys Town                                       | 3230 W. Wildwood Dr. Grand Island NB 68801                                                                                                                          | (308)224-3338                     |                     |
| Substance Abuse Services: |                                                 |                                                                                                                                                                     |                                   |                     |
| Mental Health Services:   |                                                 |                                                                                                                                                                     |                                   |                     |
|                           | Out-Of-Home: Foster Care (Relative/Kinship)     | r Care (Agency Supported); Out-Of-Home: Emergency Fo                                                                                                                | oster Care; Non-Treatment: Fami   | ly Support Worker   |
| Other Services:           | Bilingual 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 Outpatie | valuations; Adult Non-Residential Services Intervention/Ednt - Individual; Adult Non-Residential Services Outpatient                                                |                                   | Services Outpatien  |
|                           | Outpatient Therapy; Co-Occurring                |                                                                                                                                                                     |                                   |                     |
|                           | Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Heal<br>Health; Assessment: Mental Status Exam (MSE)                                                             | th; Outpatient Therapy - Eating D | Disorder; Intensive |
| Other Services:           | Sliding Fee Scale;                              |                                                                                                                                                                     |                                   |                     |
| Austen, Robin             | Region V Systems-Behavioral Health<br>Authority | 1645 N Street Lincoln NB 68508                                                                                                                                      | (402)471-4326                     |                     |
| Substance Abuse Services: |                                                 |                                                                                                                                                                     |                                   |                     |
| Mental Health Services:   |                                                 |                                                                                                                                                                     |                                   |                     |
| Juvenile Services:        | Non-Treatment: Professional Partner             |                                                                                                                                                                     |                                   |                     |
| 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: |                                                 | valuations; Adult Non-Residential Services Intervention/Ec<br>ent - Family; Adult Non-Residential Services Outpatient - I                                           |                                   | Services Outpatien  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment    | •                                                                                                                                                                   |                                   |                     |
| Juvenile Services:        | including Group Sessions-Mental Health; Outpat  | Treatment: General Education Class; Outpatient Therapy ient Therapy including Family Sessions-Mental Health; Ounent Assessment (Medicaid); Assessment: Co-Occurring |                                   |                     |
|                           | morapy co occurring, Accessment: 1 to Treati    |                                                                                                                                                                     |                                   |                     |
| Other Services:           | Sliding Fee Scale;                              | , , ,                                                                                                                                                               |                                   |                     |

Substance Abuse Services: Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

| Name                                                                       | Agency                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                                                                                                           | Phone                                        | Fax                                     |
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| Hamo                                                                       | Agonoy                                                                                                                                                                                                     | 7 dai 000                                                                                                                                                                                                                                                                                                                         | T HOHO                                       | I ux                                    |
| Cornelius, Dawn                                                            | All Communities Outreach Services                                                                                                                                                                          | 112 E Mission Ave Bellevue NB 68005                                                                                                                                                                                                                                                                                               | (402)257-1122                                |                                         |
|                                                                            | Groups; Adult Non-Residential Services Outpatie<br>Outpatient Treatment; Juvenile Assessment Serv<br>Residential Services Outpatient - Groups; Juvenil<br>Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment                               | dult Non-Residential<br>es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services:                                                    |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |
|                                                                            | Non-Treatment: Employment Placement Program                                                                                                                                                                | atment: Day Reporting; Non-Treatment: Anger Management Class; N<br>n; Non-Treatment: Family Partner                                                                                                                                                                                                                               | ion-Treatment: Gen                           | eral Education Class;                   |
| Other Services:                                                            | Bilingual Services;                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |
| Dirks, Tamara                                                              | Alcohol & Drug Solutions                                                                                                                                                                                   | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                                   | (402)461-4960                                |                                         |
|                                                                            | Monitoring SA/MH; Adult Non-Residential Service                                                                                                                                                            | aluations; Adult Non-Residential Services Intervention/Education; Adies Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se                                                                                                                    | amily; Adult Non-Re                          | sidential Services                      |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |
| Doehling, Raechel                                                          | Houses of Hope                                                                                                                                                                                             | 1124 N Cotner Blvd Lincoln NB 68505                                                                                                                                                                                                                                                                                               | (402)435-3165                                |                                         |
| Substance Abuse Services:<br>Mental Health Services:<br>Juvenile Services: | Adult Residential Services Halfway-House                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |
| Grabowski, Karen                                                           | Behavioral Health Specialist/Seekers of Serenity                                                                                                                                                           | 4432 Sunrise Place Columbus NB 68601                                                                                                                                                                                                                                                                                              | (402)564-9994                                | (402)562-6458                           |
| Substance Abuse Services:                                                  | Family; Adult Non-Residential Services Outpatier<br>Services Intensive Outpatient Treatment; Adult R                                                                                                       | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult<br>Services Substance   | Non-Residential Abuse Evaluations;      |
| Mental Health Services:                                                    |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |
| Juvenile Services:                                                         | Outpatient Therapy - Individual-Mental Health; Ou<br>Pre-Treatment Assessment (Medicaid)                                                                                                                   | utpatient Therapy including Family Sessions-Mental Health; Outpatier                                                                                                                                                                                                                                                              | nt Therapy - Co-occi                         | urring; Assessment:                     |
| Other Services:                                                            | Sliding Fee Scale;                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                              |                                         |

| Name                      | Agency                                                                                                                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Phone                                                                                                             | Fax                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Johnson, Jill             | Associates in Counseling & Treatment                                                                                                                                                                                                  | 600 North Cotner, Ste.119 Lincoln NB 68505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (402)261-6667                                                                                                     | (402)261-6526                                                                       |
|                           | Family; Adult Non-Residential Services Outpaties<br>Services Intensive Outpatient Treatment; Juvenil<br>Intervention/Education; Juvenile Non-Residential<br>Services Outpatient - Individual; Juvenile Non-Re<br>Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-Cle Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Servicesidential Services Outpatient - Co-Occurring Treatment; Juven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Occurring Treatment; Adul<br>e Non-Residential Service:<br>es Outpatient - Family; Ju                             | t Non-Residential<br>s<br>venile Non-Residentia                                     |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| Juvenile Services:        | Mental Health; Outpatient Therapy - Co-occurring                                                                                                                                                                                      | outpatient Therapy including Group Sessions-Mental Health; Oug; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health Assessment (Medicaid); Assessment: Mental Status Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ealth; Intensive Outpatient                                                                                       | : Intensive Outpatient                                                              |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| Kaliff, Pam               | NE Correctional Center for Women                                                                                                                                                                                                      | 1107 Recharge Rd York NB 68467                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (402)362-3317                                                                                                     | (402)362-3464                                                                       |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Intensive                                                                                                                                                                                      | valuations; Adult Non-Residential Services Intervention/Education<br>e Outpatient Treatment; Juvenile Assessment Services Substar<br>esidential Services Outpatient - Groups; Juvenile Non-Resident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nce Abuse Evaluations; Ju                                                                                         | venile Non-Residenti                                                                |
| Mental Health Services:   |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| Other Services:           | No Voucher Acceptance;                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| 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<br>Co-Occurring Treatment; Adult Non-Residential<br>Residential Services Short Term Residential; Juv<br>SA/MH; Juvenile Non-Residential Services Outpa                                | valuations; Adult Non-Residential Services Care Monitoring SA/<br>ent - Family; Adult Non-Residential Services Outpatient - Individ<br>Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Provices Substance Abuse Evaluations; Juvatient - Groups; Juvenile Non-Residential Services Outpatient - 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; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring | ual; Adult Non-Residential<br>vices Dual Residential (MF<br>enile Non-Residential Sen<br>Family; Juvenile Non-Res | I Services Outpatient<br>I/SA); Adult<br>vices Care Monitoring<br>idential Services |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                     |
|                           |                                                                                                                                                                                                                                       | tpatient: Intensive Outpatient Therapy-Co-occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| Krejci, Ann               | Stephen Center                                                                                                                                                                                                                        | 5217 S 28th St Omaha NB 68107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (402)715-5453                                                                                                     | (402)715-5452                                                                       |
|                           | Adult Non-Residential Services Outpatient - Fam<br>Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residentia                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | It Non-Residential Services                                                                                       | s Outpatient - Co-                                                                  |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                          | (bio-psychosocial); Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                     |
| Juvenile Services:        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |

| Name                      | Agency                                                                                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                    | Phone                                                                 | Fax                                                                        |
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| Lemke, Jocelyn            | Lemke Michels Psychotherapy - Michelle<br>Lemke PC                                                                                                                                                      | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                                                                                                                              | (402)759-3802                                                         | (402)759-3803                                                              |
| Substance Abuse Services: |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
|                           | (Medicaid); Assessment: Mental Status Exam (M                                                                                                                                                           | ntensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ass<br>ISE)                                                                                                                                                                                                                                                                               | essment: Pre-Treatm                                                   | nent Assessment                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Martin, Kelly             | Touchstone                                                                                                                                                                                              | 2633 P St Lincoln NB 68503                                                                                                                                                                                                                                                                                                                                 | (402)474-4343                                                         | (402)474-6957                                                              |
| Substance Abuse Services: | Adult Residential Services Short Term Residentia                                                                                                                                                        | al                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                            |
| Mental Health Services:   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Juvenile Services:        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |
| McNichols, Stephanie      |                                                                                                                                                                                                         | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                                                                                                                                                                     | (402)440-6496                                                         |                                                                            |
|                           | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education                                                                        | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential<br>ces Substance Abuson-<br>n-Residential Servic | Services Outpatient -<br>e Evaluations; Juvenile<br>es Outpatient - Family |
|                           |                                                                                                                                                                                                         | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                                                                                                                                                         | nt Therapy including                                                  | Family Sessions-                                                           |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      | 9                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                            |
| Michels, Stacey           | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                                                                                                      | 942 N 13th St Geneva NB 68361                                                                                                                                                                                                                                                                                                                              | (402)759-3802                                                         | (402)759-3803                                                              |
|                           | Individual; Adult Non-Residential Services Outpa<br>Assessment Services Substance Abuse Evaluati<br>Family; Juvenile Non-Residential Services Outpa<br>Residential Services Intensive Outpatient Treatm |                                                                                                                                                                                                                                                                                                                                                            | sive Outpatient Trea<br>nile Non-Residential                          | tment; Juvenile<br>Services Outpatient -                                   |
|                           | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                            | ` ' ' '                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                            |
| Juvenile Services:        | Outpatient Therapy - Eating Disorder; Outpatient Outpatient: Intensive Outpatient- Eating Disorder                                                                                                      | patient Therapy - Individual-Mental Health; Outpatient Therapy includi<br>Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient T<br>Therapy-Co-occurring; Assessment: Mental Status Exam (MSE)                                                                                                                                               | herapy-Mental Healt                                                   | h; Intensive                                                               |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                            |

| Nichols, Kayla            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Fax                                         |
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|                           | Mid-Plains Center for Behavioral<br>Healthcare Inc                                                | 620 N 48th St Suite 303 Lincoln NB 68504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8th St Suite 303 Lincoln NB 68504 (402)261-9273 |                                             |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Juvenile Services:        |                                                                                                   | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cluding Family Session                          | ons-Mental Health;                          |
| Other Services:           | Outpatient Therapy - Eating Disorder Sliding Fee Scale;                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Paine, Mary               | Counseling Affiliates of Nebraska                                                                 | 1550 S. 70th St., Ste. 101 Lincoln NB 68506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (402)488-0077                                   | (402)488-0017                               |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Mental Health Services:   | EPC Crisis Center; Outpatient Therapy; Pre-Trea                                                   | atment Assessment (bio-psychosocial); Adults who Sexually Harm E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | valuation; Psychologi                           | cal Evaluation                              |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Parde, Mikayla            | Alcohol & Drug Solutions                                                                          | 2109 S 24th St Lincoln NB 68502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (402)430-3273                                   |                                             |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Groups; Adul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t Non-Residential Se                            | rvices Outpatient -                         |
| Mental Health Services:   | individual, Addit Non-Nesidential Services intens                                                 | ove Oupatient Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                             |
| Juvenile Services:        |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Other Services:           | Sliding Fee Scale;                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Prater, Jackie            | HopeSpoke                                                                                         | 2444 O St Lincoln NB 68510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (402)475-7666                                   | (402)476-9623                               |
| Substance Abuse Services: |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Mental Health Services:   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Assessment: Pre-Treatment Assessment (Medic   | utpatient Therapy including Family Sessions-Mental Health; Day Tre<br>aid); Assessment: Mental Status Exam (MSE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | atment Day Treatme                              | nt-Mental Health;                           |
| Other Services:           | Sliding Fee Scale; Hearing Impaired; Bilingual Se                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |
| Rivera, Elia              |                                                                                                   | 312 North Elm Street Suite 105 Grand Island NB 68801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (308)383-2208                                   |                                             |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S  | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Famil | Adult Non-Residential rvices Intervention/Ed    | l Services Outpatient<br>ducation; Juvenile |
| Mental Health Services:   | Pre-Treatment Assessment (bio-psychosocial); C                                                    | Co-Occurring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                             |
| Juvenile Services:        | Non-Treatment: Anger Management Class; Outp<br>Outpatient Therapy - Co-occurring                  | patient Therapy - Individual-Mental Health; Outpatient Therapy includ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ing Group Sessions-I                            | Mental Health;                              |
| Other Comisses            | Sliding Fee Scale; Bilingual Services;                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                             |

| Name                      | Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                                                              | Phone                 | Fax                  |  |  |
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| Schaub, Diedre            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4701 Van Dorn Suite B Lincoln NB 68506                                                                                                                                                                               | (402)326-9168         | (402)206-0888        |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                       |                      |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                       |                      |  |  |
|                           | Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outpatie                                                                                                                                                   | ent Therapy including | Family Sessions-     |  |  |
| Other Services:           | Sliding Fee Scale; Hearing Impaired;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                      |                       |                      |  |  |
| Schmidt, Sharon           | The Resolution Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 120 South 5th Street Beatrice NB 68310                                                                                                                                                                               | (402)223-6061         | (402)223-6625        |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                       |                      |  |  |
| Mental Health Services:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                       |                      |  |  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | onflict Mediation; Non-Treatment: Expedited Family Group Conference                                                                                                                                                  | e                     |                      |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                       |                      |  |  |
| Shoup, Gary               | NE Correctional Center for Women                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1107 Recharge Rd York NB 68467                                                                                                                                                                                       | (402)362-3317         | (402)362-3464        |  |  |
| Substance Abuse Services: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - s; Adult Non-Residential Services Intensive Outpatient Treatment |                       |                      |  |  |
| Mental Health Services:   | Oroups, Addit Non-Nesidential Gervices intensive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e Outpatient Treatment                                                                                                                                                                                               |                       |                      |  |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                       |                      |  |  |
| Other Services:           | No Voucher Acceptance;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |                       |                      |  |  |
| Stennis, Gladys           | Infinite Avenues Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7117 Farnam St Suite 17 Omaha NB 68132                                                                                                                                                                               | (402)905-6296         |                      |  |  |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | valuations                                                                                                                                                                                                           |                       |                      |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring                                                                                                                                                                                     |                       |                      |  |  |
| Juvenile Services:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                       |                      |  |  |
| Other Services:           | Sliding Fee Scale;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                       |                      |  |  |
| Stermensky, Dr. Gage      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1811 Avenue A Scottsbluff NB 69361                                                                                                                                                                                   | (417)413-0085         | (308)832-4844        |  |  |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | valuations; Adult Non-Residential Services Outpatient - Groups; Adu<br>sive Outpatient Treatment; Juvenile Assessment Services Substance<br>ile Non-Residential Services Outpatient - Individual                     |                       |                      |  |  |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua                                                                                                                                                    | tion; Psychological E | valuation            |  |  |
| 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 |                                                                                                                                                                                                                      |                       |                      |  |  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      | Assessment: Psycho    | ological Evaluation; |  |  |

| Name                      | Agency                                                                                                                  |                       | Address                                | Phone                          | Fax                   |
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| Stokebrand, Tera          | Lemke Michels Psychotherapy - Stacey<br>Michels PC                                                                      | 942 N 13th St G       | eneva NB 68361                         | (402)230-9130                  |                       |
| Substance Abuse Services: |                                                                                                                         |                       |                                        |                                |                       |
| Mental Health Services:   |                                                                                                                         |                       |                                        |                                |                       |
|                           | Outpatient Therapy - Individual-Mental Health; O (Medicaid)                                                             | utpatient Therapy in  | cluding Family Sessions-Mental Health; | Assessment: Pre-Treatment      | Assessment            |
| Other Services:           | Sliding Fee Scale;                                                                                                      |                       |                                        |                                |                       |
| Threats, Deb              | Associates in Counseling & Treatment                                                                                    | 600 North Cotne       | r, Ste.119 Lincoln NB 68505            | (402)261-6667                  | (402)261-6526         |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev<br>Groups; Adult Non-Residential Services Outpatie                         |                       |                                        |                                | Services Outpatient - |
| Mental Health Services:   |                                                                                                                         |                       |                                        |                                |                       |
| Juvenile Services:        |                                                                                                                         |                       |                                        |                                |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                      |                       |                                        |                                |                       |
| Townsend, Robin           | HopeSpoke                                                                                                               | 2444 O St Linco       | In NB 68510                            | (402)475-7666                  | (402)476-9623         |
| Substance Abuse Services: |                                                                                                                         |                       |                                        |                                |                       |
| Mental Health Services:   |                                                                                                                         |                       |                                        |                                |                       |
| Juvenile Services:        | Outpatient Therapy - Individual-Mental Health; O<br>Mental Health; Assessment: Pre-Treatment Asse                       |                       | cluding Family Sessions-Mental Health; | Intensive Outpatient: Intensiv | e Outpatient Therapy  |
| 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<br>Groups; Adult Non-Residential Services Outpatie<br>Extended Residential |                       |                                        |                                |                       |
| Mental Health Services:   | Outpatient Therapy; Pre-Treatment Assessment                                                                            | (bio-psychosocial); ( | Co-Occurring                           |                                |                       |
| Juvenile Services:        |                                                                                                                         |                       |                                        |                                |                       |
| Other Services:           | Sliding Fee Scale;                                                                                                      |                       |                                        |                                |                       |
| Vela, Josefita            | NE Correctional Center for Women                                                                                        | 1107 Recharge         | Rd York NB 68467                       | (402)362-3317                  | (402)362-3464         |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev                                                                            |                       |                                        | ation; Adult Non-Residential   | Services Outpatient - |
| Mental Health Services:   | Groups; Adult Non-Residential Services Intensive                                                                        | e Outpatient Treatme  | П                                      |                                |                       |
| Juvenile Services:        |                                                                                                                         |                       |                                        |                                |                       |
|                           | Bilingual Services; No Voucher Acceptance;                                                                              |                       |                                        |                                |                       |
| Caron Services.           | billigual dervices, No voucher Acceptance,                                                                              |                       |                                        |                                |                       |

| 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                          |  |  |
|                                            | Groups; Adult Non-Residential Services Outpatie<br>Co-Occurring Treatment; Juvenile Assessment S<br>Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Education<br>ent - Family; Adult Non-Residential Services Outpatient - Individu<br>Services Substance Abuse Evaluations; Juvenile Non-Residential<br>uvenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment | al; Adult Non-Residentia<br>Services Intervention/Ed | Services Outpatient ducation; Juvenile |  |  |
| Mental Health Services: Juvenile Services: | Outpatient Therapy                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |
|                                            | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |
| Weber, Kristi                              | Weber Behavioral Health                                                                                                                                                                            | 942 N 13th Geneva NB 68361                                                                                                                                                                                                                                                                         | (402)759-3802                                        | (402)759-3803                          |  |  |
| Substance Abuse Services:                  | Adult Assessment Services Substance Abuse Ev                                                                                                                                                       | valuations; Adult Non-Residential Services Outpatient - Co-Occur                                                                                                                                                                                                                                   | rring Treatment                                      |                                        |  |  |
| Mental Health Services:                    | Outpatient Therapy; Medication Evaluation; Juve                                                                                                                                                    | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment                                                                                                                                                                                                                                      | ent (bio-psychosocial)                               |                                        |  |  |
| Juvenile Services:                         |                                                                                                                                                                                                    | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management                   |                                                      |                                        |  |  |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |
| Weber, Kristi                              | Nebraska Mental Health Centers                                                                                                                                                                     | 4545 S 86th St Lincoln NB 68520                                                                                                                                                                                                                                                                    | (402)759-3802                                        | (402)759-3803                          |  |  |
| Substance Abuse Services:                  |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |
| Mental Health Services:                    |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |
| Juvenile Services:                         | Outpatient Therapy - Individual-Mental Health; Assessment: Mental Status Exam (MSE); Assess                                                                                                        | ssessment: Pre-Treatment Assessment (Medicaid); Assessment sment: Medication Management                                                                                                                                                                                                            | : Outpatient Psychiatric E                           | Evaluation;                            |  |  |
| 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<br>Co-Occurring Treatment; Juvenile Assessment S                                                                                                   | <u> </u>                                                                                                                                                                                                                                                                                           | al; Adult Non-Residentia<br>Services Intervention/Ed | Services Outpatient ducation; Juvenile |  |  |
|                                            |                                                                                                                                                                                                    | utpatient Therapy including Group Sessions-Mental Health; Outp                                                                                                                                                                                                                                     | patient Therapy including                            | Family Sessions-                       |  |  |
| Other Services:                            | Sliding Fee Scale;                                                                                                                                                                                 | -                                                                                                                                                                                                                                                                                                  |                                                      |                                        |  |  |
| White, Nichole                             | Blue Valley Behavioral Health                                                                                                                                                                      | 1123 N 9th St Beatrice NB 68310                                                                                                                                                                                                                                                                    | (402)228-3386                                        |                                        |  |  |
| Substance Abuse Services:                  |                                                                                                                                                                                                    | valuations; Adult Non-Residential Services Intervention/Education                                                                                                                                                                                                                                  | •                                                    | Services Outpatient -                  |  |  |
| Mental Health Services:                    | Groups; Adult Non-Residential Services Outpatie                                                                                                                                                    | ent - Family; Adult Non-Residential Services Outpatient - Individu                                                                                                                                                                                                                                 | aı                                                   |                                        |  |  |
| Juvenile Services:                         |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |
|                                            |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    |                                                      |                                        |  |  |